ROUTING SLIP FOR INVOICES

DATE November 16, 2017	CONTR	ACTOR Fami	ly Values
	CFMS	2000234086	
	MONTH (OF SERVICE	October 2017
TO Family Values			
INITIAL REVIEW Worklain		DATE	11-27-17
FSPS2 REVIEW		DATE	
Program Manager 1/2		DATE	11/29/17
POSTED TO SPREADSHEET			
SENT TO FISCAL 11-29-17	EQUIP	MENT TO BE 1	AGGED?
ADVANCE RECOUPMENT?			
COMMENTS: 11/27/17. Disalland & 1200.00 for Cross in approved Exphibit B Brodg approved.	etwilp.	money Resources	. Center; pot included mendment is



Economic Stability
Division of Programs
627 North 4th Street
Baton Rouge, LA 70802

(0) 225.342.4051 (F) 225.342.2536 www.dcfs.la.gov

John Bei Edwards, Governor Marketa Garner Walters, Secretary

November 27, 2017

MEMORANDUM

TO:

OM&F Fiscal

Contract Payments

FROM:

Dora Thomas

Program Manager

RE:

Invoice for payment

PO #2000234086

Family Values Resources

Please find attached an invoice for payment.

If you have any questions, contact Charlene Trusclair (225) 342-5004.

DT/ct

Attachment





DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Cost Reimbursement Invoice Form

Received NOV 16 2017

Economic Stability OCTOBER 2017 Family Values Resource Institute, Inc. Service Period **Contractor Name** 2000234086 7515 Scenic Highway Contract/CFMS# Mailing Address 234086-1017 OCTOBER 2017 Baton Rouge, LA 70807 Invoice Number City, State, Zip

- Barbara Thomas / 225-359-9001 Contact Person/Telephone Number

EXPENDITURES

ROVED DGET (B) 72,500 00 22,235 25 \$1,000.00	CURRENT PERIOD EXPENDITURES (C) \$14,374.99 \$1,099.68 \$0.00	PRIOR PERIOD EXPENDITURES (D) \$43,124.95 \$3,829.45 \$0.00	CUMULATIVE EXPENDITURES (E) \$57,499.94 \$4,929.13 \$ 0.00	REMAINING CONTRACT BALANCE (F) \$115,000.06 \$17,306.12 \$1,000.00	COST SHARING (G)
72,500 00 22,235 25 \$1,000.00	\$14,374.99 \$1,099.68	\$43,124.95 \$3,829.45	\$ 4,929.13	\$17,306.12	
22,235.25 \$1,000.00	\$1,099.68	\$3,829.45	\$ 4,929.13		
\$1,000.00					<u> </u>
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52,564.75 \$0.00	\$0.00	\$0.00	\$ 0.00	\$ 0.00	
63,900.00	\$2,609.72	\$13,612.59	\$16,222.31	\$47,677.69	
	\$14,400.00	\$40,800.00	\$55,200.00	\$160,800.00	
		\$0.00	\$ 0.00	\$1,000.00	
		90.00	\$ 0.00	\$ 0.00	\$0.00
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Contractor Certification I certify that the expenditures detailed above are correct, that payment for these services has not been previously issued, and that the services were replaced in accordance with the terms and conditions of the contract. mas

Signature of Authorized Contractor Representative and Title

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_	Obj	Rep Cat	Sub Obj	ACTV
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14 - 374 - 99 + ne expenditures have been reviewed in accordance with contract and program guidelines + iles have been received. 1.099.68

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13,200.00

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May-12	新作品 DP (1) 対応に	19月11日	100 m	Jen-18	Dec-17	NOV-17	Oct-17	50p-17	ug-17 Supp	Aug-57 Au	July 17 Bupp	- JE-17	Ramaining	Browndlibre	Brogered	



DEPARTMENT OF Children and Family Services OFFICE OF FAMILY SUPPORT MONTHLY BILLING FORM Alternatives to Abortion

CONTRACTOR:

Family Values Resource

CFMS:

2000234086

ADDRESS:

Institute, Inc. 7515 Scenic Hwy.

Rep. Cat. 5071

Org. 4274

Baton Rouge, La. 70807

MONTH AND YEAR OF

OCTOBER

SERVICE:

2017

CONTACT PERSON: Barbara Thomas

PHONE: 225-359-9001

COST REII	MBURSEMENT: Personnel Services	educ numera (neminante) — no comba (n. 1. de 1.
Staff:	Project Director	\$ 3,750.C
	Project Adm.	\$ 2,333.3
	Educ. Specialist	\$ 2,083.
	Compliance Coordinator	\$ 2,041.0
	Data Entry Specialist	\$ 2,083.
	Client Svcs. Coord./Care Provider	\$ 2,083.
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		15.474.67
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	Service 1997 1997 75 • 00 +	\$ 0.00
	Telepl 757 • 00 +	\$ 250.00
	Intern 224 • 40 +	\$ 75.00
	Online 6 9 8	\$ 0.00
	Accounted 83, 135, 896+	\$ 2,609.72
	Subcontractor	\$ 14,400.00 13,200.00
	Public Relations Consultant	\$ 0.00
	Evaluator	\$ 0.00
	Auditor	\$ 0.00 \$ 0.00
	Insurance	\$ 0.00
	Maintenance	\$ 757.00
	Electronic Payroll Transaction Fees	\$ 224.40
	SUBTOTAL	\$ 20,145.61 12,95.61
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18.945.61 + 15 . 474 . 67 +

prectant contours with the contract provisions.

34 . 420 · 28G+

Signature of Contract Réprésentative

This completed form and supporting documentation is due to the following address by the 15th of the month following services:

Dept. of Children and Family Services
P.O. Box 94065
Baton Rouge, LA 70804-9065
ATTN: Candice Kinney 5th Floor – 5-300-24

INVOICE# -	FOR:DSS USE ONLY	
Reviewed and Approved:		
neveres and approved.		
DCFS Contract Services Representati	ve Signature	Date

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dy orders de très des m 0060-T846 ORG1:100 Staff Bi-w*

eekly EE ID: 11

BARBARA J THOMAS 7081 MODESTO AVE BATON ROUGE LA 70811

get Director
90%

Stub 1

					Grub	
PERSONAL AND CHECK INFORMATION Sarbara J Thomas	EARNINGS	DESCRIPTION F	IRS/UNITS	RATE THIS PERIOD (\$		YTD (\$)
1081 Modesto Ave		Fvri		208.34		3926.73 35339.93
aton Rouge, LA 70811		LAL Hours		1875.00)	35339.93
oc Sec #: xxx-xx-xxxx Employee ID: 11		Трр			•	
The state of the s		Total Hours Gross Earnings		2083.34	ı	39266.66
ome Department: 100 Staff Bi-weekly		Total Hrs Worked		2000.0	•	
ay Period: 10/01/17 to 10/15/17 heck Date: 10/13/17	WITHHOLDINGS		FILING STATUS	THIS PERIOD (\$		YTD (\$)
ET PAY ALLOCATIONS		Social Security		129.16		2434.53
		Medicare		30.2		569.37
ESCRIPTION THIS PERIOD (\$) YTD (\$)			VI 1	194.27		3774.87
theck Amount 0.00 0.00 thkg 0016 1616.70 30853.89		LA Income Tax S	S 0 1	65.00)	1298.00
ET PAY 1616.70 30853.89		TOTAL		418.64		8076.77 YTD (\$)
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0060-T846 ORG1:100 Staff Bi-w

eekiy EE ID: 11

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Project Director 90%

BARBARA J THOMAS 7081 MODESTO AVE BATON ROUGE LA 70811

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PERSONAL AND Barbara J Thomas	D CHECK INFORMATION]	EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
7081 Modesto Ave	=			Fvri			208.34		4135.07
Baton Rouge, LA	70811			LAL Hours			1875.00		37214.93
Soc Sec #: xxx-xx	x-xxxx Employee ID: 11			Трр					
				Total Hours					
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NET PAY ALLO	CATIONS			Social Security			129.17		2563.70
				Medicare			30.21		599.58
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NET PAY	1616.69	32470.58		TOTAL			418.65		8495.42
			DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)		YTD (\$)
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				TOTAL			48.00		384.00
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			\	an Och	Mation	S			

THIS PERIOD (\$) YTD (\$) NET PAY 1616.69 32470.58

Payrolls by Paychex, Inc.

060 0060-T846 Family Values Resource Institute Inc • Institute Inc • Po Box 77403 • Baton Rouge LA 70874

0060-T846 ORG1:100 Staff Bi-w ' eekly EE ID: 5 DD

MICHAEL A FERRIS 17714 NINE OAKS AVE BATON ROUGE LA 70817 Project Administrator 8090

Stub/

				-	
PERSONAL AND CHECK INFORMATION	EARNINGS	DESCRIPTION HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
fichael A Ferris 7714 Nine Oaks Ave		Evri	291.67	56.00	7159.96
aton Rouge, LA 70817		LAL Hours	1166.67		21471.78
oc Sec #: xxx-xx-xxxx Employee ID: 5		Total Hours	1100.01	56.00	
OC Sec W. AAA-AA-AAAA Ellipioyee ib. O		Gross Earnings	1458.34		28631.74
ome Department: 100 Staff Bi-weekly		Total Hrs Worked			YTD (\$)
ay Period: 10/01/17 to 10/15/17	WITHHOLDINGS	DESCRIPTION FILING STATU			
neck Date: 10/13/17	_	Social Security	90.42		1775.17
T PAY ALLOCATIONS		Medicare	21.15		415.16
		Fed Income Tax M 0	125.83		2714.28
ESCRIPTION THIS PERIOD (\$) YTD (neck Amount 0.00 -1571.3	., 1	LA Income Tax S 0 0	46.00		916.00
nkg 1002 <u>1174.94</u> <u>22811.</u>		TOTAL	283.40		5820.61
ET PAY 1174.94 21239.	DEDUCTIONS	DESCRIPTION	THIS PERIOD (\$)		YTD (\$)
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0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 5

DD

MICHAEL A FERRIS 17714 NINE OAKS AVE BATON ROUGE LA 70817

Project Administrator
80%

Stub 2

					010	
PERSONAL AND CHECK INFORMATION Michael A Ferris	EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
17714 Nine Oaks Ave		Fvri		291.67		7451.63
Baton Rouge, LA 70817		LAL Hours		<u>1166.67</u>		<u>22638.45</u>
Soc Sec #: xxx-xx-xxxx Employee ID: 5		Total Hours		4450.04	56.00	20000 00
		Gross Earnings		1458.34		30090.08
Home Department: 100 Staff Bi-weekly		Total Hrs Worker		TUIO 050/00 (6)		YTD (\$)
Pay Period: 10/16/17 to 10/31/17	WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		110(4)
Check Date: 10/30/17		Social Security		90.41		1865.58
NET PAY ALLOCATIONS		Medicare		21.15		436.31
NEI PRI ACEGORITORO		Fed Income Tax	M O	125.83		2840.11
DESCRIPTION THIS PERIOD (\$) YTD (\$)		LA Income Tax	S 0 0	46.00		962.00
Check Amount 0.00 -1571.33						
Chkg 1002 <u>1174.95</u> <u>23986.08</u>		TOTAL		283.39		6104.00
NET PAY 1174.95 22414.75	DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTD (\$)
		Advance				1571.33
		TOTAL				1571.33
		Su col	stub 2cula	Horra		
	NET PAY			THIS PERIOD (\$) 1174.95		YTD (\$) 22414.75

0060-T846 ORG1:100 Staff Bi-w* eekly EE ID: 4 DD

Compliance Coordinator
70%

TALISHA DAVIS 3829 NORTH YOSEMITE DRIVE BATON ROUGE LA 70814

				Str	161	
PERSONAL AND CHECK INFORMATION	EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
Talisha Davis		Fvri		437.50		7514.06
3829 North Yosemite Drive Baton Rouge, LA 70814		LAL Hours		1020.83		17532.72
Soc Sec #: xxx-xxxxx Employee ID: 4		Total Hours				
, ,		Gross Earnings		1458.33		25046.78
Home Department: 100 Staff Bi-weekly		Total Hrs Worked DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		YTD (\$)
Pay Period: 10/01/17 to 10/15/17	WITHHOLDINGS		FILING STATUS	, ,		. ,
Check Date: 10/13/17		Social Security		90.42 21.15		1552.90 363.18
NET PAY ALLOCATIONS		Medicare Fed Income Tax	M 2	76.04		1671.25
DESCRIPTION THIS PERIOD (\$) YTD (\$)		LA Income Tax	M 0 2	30.00		571.00
Check Amount 0.00 0.00		Dr moomo rax				
Chkg 0014 <u>1141.43</u> <u>20292.72</u>		TOTAL		217.61		4158.33
NET PAY 1141.43 20292.72	DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTD (\$)
^		STD Post-Tax		99.29		595.73
Salaru:		TOTAL		99.29		595.73
Stubl: 1458.33	File	nge 2041.ce			0 • (;
tubo.		- ·		} ,	458 • 33	+
29/10.66		x7.6	500	1 ,	458 • 33	+
2910.		7 7 7		2,	916 • 66	x
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4. 6		()//w	o int		7 • 65	%
charge to		9	ge to rant		156•19	*
U	NET PAY			THIS PERIOD (\$) 1141.43		YTD (\$) 20292.72

Paymothern Payother Inc

0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 4

DD

Compliance Coordinator
70%

TALISHA DAVIS 3829 NORTH YOSEMITE DRIVE BATON ROUGE LA 70814

Chip 2

PERSONAL AND CHECK INFORMATION Taking Date Taking Date								Studa	
Sec Sec Struck Sec Struck Sec Sec Struck Sec Sec Sec Struck Sec Sec Struck Sec S		CHECK INFORMATION	i	EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS YT	D (\$)
Baton Rouge, LA 70814 Soci Set #: XXXXXXXXXX Employee ID: 4		nite Drive			Fvri		437.50		
Home Department: 100 Staff Bi-weekly Pay Period: 10/16/17 to 10/31/17 Cheek Date: 10/30/17 Cheek #: 6738 NET PAY ALLOCATIONS DESCRIPTION THIS PERIOD (\$) VTD (\$) Check Amount 0.00 0.00 Check Amount 1141.44 21434.15 NET PAY 1141.44 21434.15 DEDUCTIONS DESCRIPTION THIS PERIOD (\$) VTD (\$) Check Amount 0.00 0.00 TOTAL 217.60 4375.93 TOTAL 99.29 695.02 NET PAY THIS PERIOD (\$) VTD (\$) STD Post-Tax 99.29 695.02					LAL Hours		1020.83	<u>1855</u>	<u>3.55</u>
Total Nrs. Worked	Soc Sec #: xxx-xx	-xxxx Employee ID: 4			Total Hours				
Pay Period: 10/16/17 to 10/31/17 Check Date: 10/30/17 Check #: 6738 NET PAY ALLOCATIONS DESCRIPTION THIS PERIOD (\$) YTD (\$) Check Amount 0.00 70/18/00 1141.44 21434.15 NET PAY 1141.44 21434.15 DEDUCTIONS DESCRIPTION THIS PERIOD (\$) YTD (\$) Check Amount 0.00 70/18/00 1141.44 21434.15 DEDUCTIONS DESCRIPTION THIS PERIOD (\$) YTD (\$) Check Amount 0.00 70/18/00 1141.44 21434.15 DEDUCTIONS DESCRIPTION THIS PERIOD (\$) YTD (\$) STD Post-Tax 99.29 695.02 NET PAY THIS PERIOD (\$) YTD (\$) NET PAY THIS PERIOD (\$) YTD (\$) THIS PERIOD (\$) YTD (\$) STD POST-Tax 99.29 695.02							1458.33	2650	5.11
Pay Period: 10/16/17 to 10/30/17 Chosck #: 6738 Social Security 90.42 1643.32 NET PAY ALLOCATIONS	Home Departmen	t: 100 Staff Bi-weekly			Total Hrs Worke				
Scoial Security 90.42 1643.32 1643.25 1643.25 1645.25				WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)	YTI) (\$)
NET PAY ALLOCATIONS							00.40	164	2 22
DESCRIPTION THIS PERIOD (\$) YTD (\$) O.00 O.00									
DESCRIPTION THIS PERIOD (8)	NET PAY ALLOC	ATIONS				Ma			
Check Amount	DESCRIPTION	THIS PERIOD (\$)	VTD (S)						
Chicago Chic				[LA INCOME TAX	IVI U Z	50.00	00	
NET PAY THIS PERIOD (5) YTD (6) YTD (7) NET PAY THIS PERIOD (5) YTD (6) YTD (7) THIS PERIOD (6) YTD (7) YTD (7) YTD (8) YTD (7) YTD (8) YTD (8) YTD (8) YTD (9) NET PAY THIS PERIOD (8) YTD (8)					TOTAL		217.60	437	5.93
NET PAY TOTAL 99.29 695.02 Calculations THIS PERIOD (5) YTD (5)				DEDUCTIONS					
NET PAY TOTAL 99.29 G95.02 THIS PERIOD (5) YTD (5)					STD Boot Toy		00.20	60	5.02
Del Stub I for calculations					STD Posi-tax				
NET PAY THIS PERIOD (\$) YTD (\$)					TOTAL		99.29	69	5.02
					Del cas	Stul Culo	r 1 for tions		
				NET PAY					

Papolis or Papilines, for

0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 37

Education Specialist 100%

ALLISON DAVIS 17232 JEFFERSON HIGHWAY BATON ROUGE LA 70817

CLINI

				Stur 1
PERSONAL AND CHECK INFORMATION	EARNINGS	DESCRIPTION HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS YTD (\$)
Allison Davis 17232 Jefferson Highway		LAL Hours	<u>1041.66</u>	<u>11979.08</u>
Apt # 417		Total Hours		
Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37		Gross Earnings Total Hrs Worked	1041.66	11979.08
Home Department: 100 Staff Bi-weekly	WITHHOLDINGS	DESCRIPTION FILING STA	TUS THIS PERIOD (\$)	YTD (\$)
nome Department. 100 Stan Drweekly		Social Security	64.58	742.70
Pay Period: 10/01/17 to 10/15/17		Medicare	15.11	173.70
Check Date: 10/13/17	.	LA Income Tax S 2 1	25.00	280.00
NET PAY ALLOCATIONS		TOTAL	104.69	1196.40
DESCRIPTION THIS PERIOD (\$) YTD (\$	DEDUCTION	DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount 0.00 0.00 Chkg 3799 911.00 10600.8	<u> </u>	STD Post-Tax	25.97	181.79
NET PAY 911.00 10600.8		TOTAL	25.97	181.79
Stub 1: 1041.66 Stub 1: 1041.67 \$ 2083.33 100% p gran	FR	2083.33 x 7.65% \$ 159.37	2	0 · C • 041 · 66 + • 041 · 67 + • 083 · 33 × 7 · 65 % 159 · 37 *
	NET PAY		THIS PERIOD (\$) 911.00	YTD (\$) 10600.89

FAMILY VALUES RESOURCE INSTITUTE INC BATON ROUGE LA 70874

0060-T846 ORG1:100 Staff Bi-w 1

eekly EE ID: 37

ALLISON DAVIS 17232 JEFFERSON HIGHWAY **APT # 417** BATON ROUGE LA 70817

Education Specialist 10090

Ship 2

PERSONAL AND CHECK INFORMATION Allison Davis 17232 Jefferson Highway Apt # 417 Baton Rouge, LA 70817 Soc Sec #: xxx-xx-xxxx Employee ID: 37 Home Department: 100 Staff Bi-weekly Pay Period: 10/16/17 to 10/31/17 DESCRIPTION THIS PERIOD (\$) YTD (\$) 0.00 0.00 Check Amount <u>11511.9</u>0 Chkg 3799 911.01 911.01 11511.90 **NET PAY**

					10
EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours		1041.67		13020.75
	Total Hours Gross Earnings Total Hrs Worked		1041.67		13020.75
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		YTD (\$)
	Social Security		64.59		807.29
	Medicare		15.10		188.80
	LA Income Tax	S 2 1	25.00		305.00
	TOTAL		104.69		1301.09
DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTD (\$)
	STD Post-Tax		25.97		207.76
	TOTAL		25.97		207.76

Sol Stub 1 1 /

THIS PERIOD (\$) YTO (\$) **NET PAY** Received

Player of Playches, for

0060 0060-T846 Family Values Resource Institute Inc • Institute Inc • Po Box 77403 • Baton Rouge LA 70874

NOV 16 2017

DCFS Economic Statilita.

0060-T846 ORG1:100 Staff Bi-w *

EE ID: 35

Data Entry Specialist
100%

PATRICIA A BROWN 6555 E MONARCH BATON ROUGE LA 70812

Strip 1

Personal And Check Information Patricia A Brown 6555 E Monarch Baton Rouge, LA 70812 Soc See #: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	YTD (\$) 18603.01 18603.01
LAL Hours 1041.66 10	
Comparison	18603.01
Total Hrs Worked WITHHOLDINGS DESCRIPTION FILING STATUS THIS PERIOD (\$) Social Security 64.59 Medicare 15.10 Fed Income Tax S 1 97.13 LA Income Tax S 0 1 26.00 TOTAL 202.82 DEDUCTIONS THIS PERIOD (\$) TOTAL 36.72 TOTAL 36.72 TOTAL 36.72	18603.01
### Department: 100 Staff Bi-weekly ### Period: 10/01/17 to 10/15/17 ### Social Security ### Medicare ### Fed Income Tax ### So 1	
Y Period: 10/01/17 to 10/15/17 Check #: 6729 Social Security Medicare 15.10	
Neck Date: 10/13/17 Check #: 6729 SET PAY ALLOCATIONS Fed Income Tax S 1 97.13 EA Income Tax S 0.1 26.00	YTD (\$)
Check #: 6729 Medicare 15.10 1	1153.39
T PAY ALLOCATIONS Fed Income Tax S 1 97.13	269.74
SCRIPTION THIS PERIOD (\$) YTD (\$) Eck Amount 0.00 0.0	1903.81
eck Amount	502.00
Rg 0017 T PAY 802.12 14517.02 DEDUCTIONS DESCRIPTION THIS PERIOD (\$) STD Post-Tax 36.72 TOTAL 36.72	
11 PAY 802.12 14517.02 STD Post-Tax 36.72 TOTAL 36.72	3828.94
36.72 TOTAL 36.72 TOTAL 36.72	YTD (\$)
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101'1041.66 Fringe:	257.05
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7.65	%
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to grant	
U	
NET PAY THIS PERIOD (\$)	
802.12	YTD (\$

0060-T846 ORG1:100 Staff Bi-w eekly EE ID: 35 DD

PATRICIA A BROWN 6555 E MONARCH BATON ROUGE LA 70812

Data Entry Specialist
10090

Phib 2

PERSONAL AND C Patricia A Brown 6555 E Monarch	HECK INFORMATION	DN
Baton Rouge, LA 70	812	
Soc Sec #: xxx-xx-xx	xx Employee ID:	35
Home Department:	100 Staff Bi-weekly	
Pay Period: 10/16/1	7 to 10/31/17	
Check Date: 10/30/1	17 Check #: 6736	
NET PAY ALLOCAT	LIONS	
DESCRIPTION	THIS PERIOD (\$)	YTD (\$)
Check Amount	0.00	0.00
Chkg 0017	<u>802.12</u>	<u>15319.14</u>
NET PAY	802.12	15319.14
		i
		[
Check Amount Chkg 0017	0.00 <u>802.12</u>	0.00 <u>15319.14</u>

Proposts of Parether Inc

				Ollio	d
EARNINGS	DESCRIPTION	HRS/UNITS	RATE THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	LAL Hours Total Hours		1041.67		19644.68
	Gross Earnings Total Hrs Worker	4	1041.67		19644.68
WITHHOLDINGS	DESCRIPTION	FILING STATUS	THIS PERIOD (\$)		YTD (\$)
	Social Security		64.58		1217.97
	Medicare		15,11		284.85
	Fed Income Tax	S 1	97.14		2000.95
	LA Income Tax	S 0 1	26.00		528.00
	TOTAL		202.83		4031.77
DEDUCTIONS	DESCRIPTION		THIS PERIOD (\$)		YTO (\$)
	STD Post-Tax		36.72		293.77
	TOTAL		36.72		293.77

Del stub-1 for L Calculations

YTD (\$) 15319.14 THIS PERIOD (\$) NET PAY 802.12

0060-T846 ORG1:100 Staff Bi-w * eekly EE ID: 12

Client Services Coordinator
100%

SHIRLEY WALKER 6230 MAPLEWOOD DRIVE BATON ROUGE LA 70812

						St	10/
PERSONAL AND CHECK INFORMATION Shirley Walker	EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
6230 MaplewoodDrive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12		Fvri LAL Hours Total Hours			<u>1041.66</u>	63.00 63.00	1041.66 21899.73
Home Department: 100 Staff Bi-weekly		Gross Earnings Total Hrs Worked			1041.66		22941.39
	WITHHOLDINGS		FILING STATUS		THIS PERIOD (\$)		YTD (\$)
Pay Period: 10/01/17 to 10/15/17 Check Date: 10/13/17			S 1 +\$21.20		64.59 15.10 118.33		1422.37 332.65 2745.29 616.00
DESCRIPTION THIS PERIOD (\$) YTD (\$) Check Amount 0.00 0.00			S 0 1		26.00		
Chkg 2191 <u>804.62</u> <u>17590.72</u> NET PAY 804.62 17590.72	DEDUCTIONS	DESCRIPTION			224.02 THIS PERIOD (\$)		5116.31 YTD (\$)
		STD Post-Tax			13,02		234.36
Calaru		TOTAL			13.02		234.36
Jaire							
1 1011/06	1	-				0 • 1	C
Aun 1 1041.60	por	ral.					
24/7	1/04		2		1,	041 • 66	+
hin 2: 1041.01		20833. ×7.6	3			041-67	+
100	(1000	= 010		2,	083-33	X
\$20(3.33		×7.6	0			7 • 65	%
	1	TE 9.3	7			159-37	*
12	9	101					
Moto		1					
to grant		100 gra	W.				
		V					
	NET PAY			1	THIS PERIOD (\$) 804.62		YTD (\$) 17590.72

Rayrold in Payches, he

0060-T846 ORG1:100 Staff Bi-w -

eekly EE ID: 12

DD

Client Services Coordinator

NE
10090

SHIRLEY WALKER 6230 MAPLEWOOD DRIVE BATON ROUGE LA 70812

Aun2

PERSONAL AND CHECK INFORMATION Shirley Walker 6230 MaplewoodDrive Baton Rouge, LA 70812 Soc Sec #: xxx-xx-xxxx Employee ID: 12							
Home Department: 10	0 Staff Bi-weekly						
Pay Period: 10/16/17							
Check Date: 10/30/17	Check #: 6742						
NET PAY ALLOCATI	ONS						
DESCRIPTION T	HIS PERIOD (\$)	YTD (\$)					
Check Amount	0.00	0.00					
Chkg 2191	<u>804.63</u>	18395.35					
NET PAY	804.63	18395.35					

THE WHEELY OF TRACE E

					\mathcal{O}	i wie o
EARNINGS	DESCRIPTION	HRS/UNITS	RATE	THIS PERIOD (\$)	YTD HOURS	YTD (\$)
	Evri					1041.66
	LAL Hours			<u>1041.67</u>	63.00	22941.40
	Total Hours				63.00	
	Gross Earnings			1041.67		23983.06
	Total Hrs Worker	<u>d</u>				
WITHHOLDINGS	DESCRIPTION	FILING STATUS		THIS PERIOD (\$)		YTD (\$)
	Social Security			64.58		1486.95
	Medicare			15.10		347.75
	Fed Income Tax	S 1 +\$21.20		118.34		2863.63
	LA Income Tax	S 0 1		26.00		642.00
	TOTAL			224.02		5340.33
DEDUCTIONS	DESCRIPTION			THIS PERIOD (\$)	.	YTD (\$)
	STD Post-Tax			13.02		247.38
	TOTAL			13.02		247.38

Die Stub-1 for Calculations

YTD (\$) THIS PERIOD (\$) NET PAY 804.63 18395.35

Paviolls by Paychex, Inc.

0060 0060-T846 Family Values Resource Institute Inc • Institute Inc • Po Box 77403 • Baton Rouge LA 70874







Page: 1 of 1

Statements Dates 10/01/2017 - 10/31/2017

Account Number:

Images:

0

ZERO CHECKS E0

Return Service Requested

110000 001

FAMILY VALUES RESOURCE INSTITUTE INC RESTRICTED FUNDS P O BOX 74403 **BATON ROUGE LA 70874**

> WE'RE READY TO LEND WITH GREAT RATES ON PERSONAL LOANS. TO APPLY CALL 1-800-965-LOAN. NORMAL CREDIT CRITERIA APPLY.

* * * * * * * * * * * CHECKING ACCOUNT SUMMARY * * * * * * * * * *

Checking Account Summary

PREVIOUS BALANCE

+

8 CREDITS

6 DEBITS

- SERVICE CHARGES

INTEREST PAID

ENDING BALANCE

* * * * * * * * * CHECKING ACCOUNT TRANSACTIONS * * * * * * * * *

 Deposits and Other Credits **Date**

. . - -

Amount Description

Date

AVERAGE BALANCE

YTD INTEREST PALO

Amount Description

Other Debits

Date

Amount Description

Date

Amount Description

6,692.93 PAYROLL PAYCHEX INC.

6,800.82 10/27

PAYROLL PAYCHEX INC. 017299001520212CCD

Date

Balance By Date

Balance

Date

Balance

Date

Balance



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| Diolects in to | ALIONO OL ILLI DOLLI IL DILLI | = |
|----------------------|-------------------------------|--------|
| Name: Patricia Brown | Month/Year: | Oct-17 |

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project

| | or Life |
|---|----------------|
| ponsored Project: Louisiana Alliance re | % of Time |
| ist Major Work Performed Data Entry - Enter client data into database; Prepare and submit monthly reports | 50% |
| legantionist Duties - Answer phone and schedule appointments | 23/ |
| Counseling - Give pregnancy test and referrels based on need, complete TANF p | aperwo 25% |
| Total % on Pro | |
| ponsored Project: | |
| ist Major Work Performed | % of Time |
| | |
| | |
| Total % | |
| on Pro | ject: |
| | |
| Sponsored Project: | % of Time |
| ist Major Work Performed | 70 01 111110 |
| | |
| | |
| | |
| Total % | of Time |
| on Pro | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| projects funded in whole or in part from external sources. | |
|---|-----------|
| Name: Michael Ferris Month/Year: October 2017 | |
| Provide a breakdown of your responsibilities for this month. Keep in mind: 1. 100% of effort is an employee's total hours actually spent on work within the scope of hi employment regardless of the percent FTE listed on the appointment. 2. The combined % of time on major work performed for a project must equal must equal of time on Project. 3. The combined total effort on all projects reported must equal 100%. | |
| Sponsored Project: Louisiana Alliance For Life | |
| List Major Work Performed | % of Time |
| Collect, Review and Approve Subcontractor Reimbursements | 40% |
| Fielding and Answering Calls and emails from Subcontractors | 30% |
| Worked with CENLA PC as they prepare to open | 30% |
| | |
| Total % of Time on Project: | 100% |
| | |
| Sponsored Project: Louisiana Alliance For Life - contin | ıved |
| List Major Work Performed | % of Time |
| | |
| | |
| | |
| | |
| Total % of Time on Project: | 100% |
| On TO Est. | 10070 |
| Sponsored Project: | |
| List Major Work Performed | % of Time |
| DST Major Work Tenorined | |
| | |
| | |
| | |
| Total % of Time
on Project: | |
| HERRIS 11/17 | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| biolecis influed in whole of | 11 1 P 41.1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | |
|------------------------------|---|--------|
| Name: Shirley Walker | Month/Year: | Oct-17 |
| Tallie: Office, | | |

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- 3. The combined total effort on all projects reported must equal 100%.

| ponsored Project: | Ter Criss |
|---|--------------|
| ist Major Work Performed | % of Time |
| Consult w/ clients, give pregnancy tests & complete TANF paperwork | 759 |
| Coordinate client services such as scheduling, referral information, chart preparation, | 109 |
| 1 1 | 100 |
| uponite front office, train counselors and volunteers; Assist Counselors wy questions | 109 |
| lordi % or lime | |
| on Project: | |
| | |
| Sponsored Project: | |
| | % of Time |
| List Major Work Performed | |
| regarding client services, paperwork, etc; Assist with Quarterly mailout | s 59 |
| regarding client services, paperwork, cre., y tests. Keep track of supplies needed for client services such as pregnancy tests, cups & chart | |
| | |
| Total % of Time |) |
| on Project: | 100% |
| | |
| Consequence Project | |
| Sponsored Project: | % of Time |
| List Major Work Performed | 70 01 11.110 |
| | |
| | + |
| | + |
| Total % of Time | |
| on Project: | 3 |
| on Project. | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| biolecis ioi | idea in whole of in pair norm exten | idi 3001003. |
|---------------------|-------------------------------------|--------------|
| Name: Talisha Davis | Month/Year: | Oct-17 |

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- 3. The combined total effort on all projects reported must equal 100%.

| Sponsored Project: LA Alliance | e For Life | |
|---|----------------|-----------------|
| List Major Work Performed | | % of Time |
| Organizing & Completeing Compliance Site Visits Info & Forms | | 35 |
| Communication w/ Sub-Contractors- questions & expectations | - | <u> </u> |
| Complianace Reviews (filling out forms correctly, expectation, documenta | tion, etc) | 13 |
| Way Cool Database Compliance & Updates & Networking Meeting | | 13 |
| | otal % of Time | |
| | on Project: | 70 |
| Sponsored Project: Family Values Re | | |
| Sponsored Project: Family Values Re List Major Work Performed | | ite |
| Sponsored Project: Family Values Re List Major Work Performed Counseling Clients - Pregnancy Testing & providing referrals as needed | | te
% of Time |
| Sponsored Project: Family Values Re List Major Work Performed Counseling Clients - Pregnancy Testing & providing referrals as needed Finalize details to begin STD Testing | | te
% of Time |
| Sponsored Project: Family Values Re List Major Work Performed Counseling Clients - Pregnancy Testing & providing referrals as needed | | te
% of Time |

| Sponsored Project: | |
|---------------------------|-----------------|
| List Major Work Performed | % of Time |
| | |
| | Total % of Time |
| | on Project: |

Employee Signature

Approval Signature

<u>/// (</u> Dafę

Date



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on projects funded in whole or in part from external sources.

| projects funded in who | ole or in part from external sources. Month/Year: Oct-17 | |
|--|---|-----|
| employment regardless of the percent FTE I | rs actually spent on work within the scope of his or ne
listed on the appointment.
performed for a project must equal must equal the To | |
| Sponsored Project: | LA Alliance For Life | |
| List Major Work Performed | % of Tin | |
| Client data entry | | 35% |
| Taught individual prenatal classes | | 45% |
| cleaned and organized baby Boutique | | 20% |
| | | |
| | Total % of Time on Project: 100% | % |
| | | |
| Sponsored Project: | or at the | |
| List Major Work Performed | % of Tir | ne |
| | | |
| | | |
| | | |
| | | |
| | Total % of Time | |
| | on Project: | |
| Sponsored Project: | | |
| List Major Work Performed | % of Tir | me |
| LIST Major Work renomica | | |
| | | |
| | | |
| | | |
| | Total % of Time on Project: | |
| | | |
| Employee Signature | 11/13/2017
Date / | |



An After-the-Fact Distribution of Efffort Form must be completed by each employee working on

| projects funded in whole of | r in part itom exteri | nai sources. | |
|-----------------------------|-----------------------|--------------|--|
| Name: Barbara Thomas | Month/Year: | Oct-17 | |

Provide a breakdown of your responsibilities for this month. Keep in mind:

- 1. 100% of effort is an employee's total hours actually spent on work within the scope of his or her employment regardless of the percent FTE listed on the appointment.
- 2. The combined % of time on major work performed for a project must equal must equal the Total % of time on Project.
- ourt equal 100%

| Sponsored Project: Work Performed | LA Alliance for Life - Project Directo - % | of Time |
|--|--|---------|
| Develop/Maintain relationships with | Partner Preanancy Centers | 209 |
| Supervise program operations for the | e Women's Help Center | 159 |
| Coursel Woman at the Woman's He | elp Center (Emergency situations only) | 09 |
| Compliance: Oversee compliance | for all subcontractors | 259 |
| | Total % of Time on Project: | |
| La La Maria Bodoma d | | |
| Sponsored Project: Work Performed | | 59 |
| Worked close with Program Evaluate | or to implement evaluation pari | 59 |
| Review and approve timesheets, er | mployee absences, etc. | 109 |
| Review and approve financial transaction | ons, i.e., vendor and subcontractor payments, etc. | 59 |
| Primary spokeperson and media rep | oresentative for LA Alliance for Life (LAL) | 55 |
| Staff Meetings | | |
| | Total % of Time | |
| | on Project: | |
| Sponsored Project: | Family Values Resource Institute, Inc. % | of Time |
| Attending B oard Planning Meeting: | S | |
| Staff/Meeting Training | | |
| Fundraising Planning | | |
| | | |
| | | |
| | Total % of Time on Project: | 10% |

11/8/17 Date 11/9/2017

PAYROLL JOURNAL

| | HOURS | EARNINGS | REIMB & OTHER | WITHHOLDINGS | NGS | DEDUCTIONS | | NET PAY |
|---|--------|---|--|--|---|------------------------------------|--|--|
| DESCRIPTION RATE | | | PAYMENTS | | | | <u>. </u> | ALLOCATIONS |
| KLY
LAL Hours | ••••• | | | | | | ******** | |
| | | 1,041,66 | | Social Security
Medicare | 15 04
15 05
15 05 | STD Post-Tax | 36,72 D | Direct Deposit # 6729 |
| *************************************** | •••••• | | | Fed Income Tax A Income Tax | 8 9 5
8 6 8 | | 0.0 | Check Amt 0,00
Chkg 0017 802.12 |
| EMPLOYEE | F | 1,041.66 | | | 3 ! | | | |
| | | 1,041 66 | | Social Security . | _ | STD Post Tax | 36.72
N | Net Pay 802:12 |
| | | | | Medicare | | o ID Post-lax | 25.97 D | Check Amt # 6730 |
| | | 041 | | | | | Ω | Chkg 3799 911.b0 |
| | | 437.50 | | | | | 25.97 N | Net Pay 911.00 |
| \L Hours | | 1,020,83 | | Vedicare | | STD Post-Tax | 99,29 Di | eposit # 6731 |
| ••••• | | ******* | | ed Income Tax | 76,04 | | ΩΩ | Chkg 0014 1,141_43 |
| EMPLOYEE | | 1.458.33 | | | }§ | | | |
| T Hours | | 291 67 | (0) | ocial Security | 90.45 | | | Net Pay 1,141.43 |
| | ***!!! | 1,166.67 | | Aedicare | 21:15 | | Ω 9 | Check Amt |
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| EMPLOYEE TOTA | | 1,458.34 | | | 283:40 | | | Net Pay |
| | | | | ocial Security | | | 므 | Direct Deposit # 6733 |
| ****** | | | - TO : | ed Income Tax | | | <u>ဝ ဝ</u> | Check Amt
Chkg 5358 |
| EMPLOYEE | | | | 5 | | | | |
| L Hours | | 208:34 | Ø | ocial Security | 129:16 | TD Post-Tax | | Net Pay |
| | | 1,8/5,00 | n 2 | fedicare | | | | Check Amt |
| | | | | A Income Tax | 65 ₀₀ | | 우 | Chkg 0016 1,616.70 |
| iours | | 2,083,34 | 2 | | 418,64 | | 48,00 Ne | et Pay 1,616.70 |
| Just Savies | | | ₹ 0 | ledicare | 15.10
S | TD Post-Tax | 1302
C | eposit # 67: |
| Κ | | *** |
C 20 | ed Income Tax
A Income Tax | 26
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오 | Chkg 2191 804.62 |
| EMPLOYEE | | 1,041,66 | | | 224
620 | | ಷ
೧೯
೧ | |
| Fvri
LAL Hours | | 1,206,73
7,187,48 | Σ Ω | ocial Security
ledicare | | | 23.00 Pin | Check Amt 0.00 Dir Dep 6,692 93 |
| 0060 0060-T846 Family Values Resource Institute Inc | | Period Start - E | | . 10/16/17 | E1+1 | | | Payroll Journal |
| Barbara J Fyri Jallands Family Values Reso | | YEE TOTAL YEE TOTAL YEE TOTAL YEE TOTAL YEE TOTAL | YEE TOTAL YEE TOTAL YEE TOTAL YEE TOTAL YEE TOTAL 14.00 | YEE TOTAL 1,041,66 YEE TOTAL 1,041,66 1,041,66 1,041,66 1,041,66 1,041,66 1,041,66 1,48,33 YEE TOTAL 1,458,33 YEE TOTAL 1,458,33 YEE TOTAL 1,458,34 YEE TOTAL 2,083,34 1,041,66 Period Start - End Date 10001/1 | 1,041 66 Social Sec Medicare Fed Income Fed Inc | 1,041 86 Social Security 64,59 | 1,041 66 | 1,041 66 Social Security 64,55 STID Post-Tax 36,72 |

Period Start - End Date 10/01/17 - 10/15/17 Check Date 10/13/17

Payroli Journal Page 1 of 2 PYRJRN

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| EMPLOYEE NAME | HOURS, MARNINGS, REIMBURSHMENTS & OTHER PAYMENTS | REMBURSER | ENTS & OTHER | PAYMENTS | WITHHOLDINGS | in a | DEDUCTIONS | NET PAY | BAV |
|--|--|-------------------------|----------------------|---------------------------|---|---|---|---|---------------------------------------|
| 5 | DESCRIPTION RAYE | HOURS | EARNINGS | REIMB & OTHER
PAYMENTS | | , | | ALLOCATIONS | TIONS |
| |) | | entagene and | ********** | Fed Income Tax
LA Income Tax | 614 ₁₀ | | | |
| = | 100 STAFF BI-WEEKLY TOTAL | 14.
8 | 8,394:21 | | | 1.47828 | | 22300 Net Pay | 6,892.93 |
| | | | Hanners | F2144337 | Employer Liabilities | lines | | | |
| | | | £8101325511 | 460(313)411 | Social Security
Medicare | 520.44
121.71 | | | wet to state by |
| | | | | TOTAL EMPI | TOTAL EMPLOYER LIABILITY | 0 642
0 642
0 642 | | | ,,-,,-,- |
| **** 300 1099
Isaac, Latosha S (IC)
36 | 1099 Misc Comp
1099 Misc Comp | el1112-184(1113-1-1-1-1 | | 361,81
1,304,86 | | | Deduction | 20:10 Direct Deposit # 445
Check Amt | # 445
0.00 |
| | EMPLOYEE TOTAL | | | 1.666.67 | | | | No. | BAR E7 |
| 300 1099 TOTALS
1 Person(s)
1 Transaction(s) | 1099 Misc Comp | . Erennereran | | 1,666.67 | | | Deduction | 20 10 Check Amt | 0.00 |
| | 300 1099 TOTAL | NAS-TRIFFE | 444,000,000 | 1,666,67 | | | | 20 10 Net Pay | 1,646.57 |
| COMPANY TOTALS 8 p arson(s) 8 Transaction(s) | Fvri
LAL Hours
1099 Misc Comp | 1 | 1,206 73
7,187 48 | | Social Security Medicare 1,66667 Fed Income Tax LA Income Tax | 520,45 (
121,73 (
614,10
2222,00 | 52045 Deduction
12173 STD Post-Tax
614:10
222:00 | 20 10 Check Amt
22300 Dir Dep | 8,339.50 |
| | COMPANY TOTAL | 14.0C | 8,394 2 | 1,666.67 | | 1,478:28 | | 243 10 Net Pay | 8,339.50 |
| | ********** | | | | Employer Liabilities | ilities | | .33.651.0 | |
| | | | g kand See 149 | | Social Security
Medicare | 520,44
121,71 | | | |
| | | | ******* | TOTAL EMP | TOTAL EMPLOYER LIABILITY | 642:15
120:43 | | .,., | 274 LET 1 100 |
| (IC) = Independent Contractor | ¥ | | | 380000 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | ili shq | ., | 42-64/77-17-12-2-1 | | ah hadisələr sərrix | | | I I I I I I I I I I I I I I I I I I I |

0060 0060-T846 Family Values Resource institute inc Run Date 10/11/17 12:17 PM

PAYROLL JOURNAL

| EMPLOYEE NAME | HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS | REIMBURSEN | ients & other | PAYMENTS | WITHHOLDINGS | DEDUCTIONS | NET PAY | YAY |
|--|--|--------------|----------------------|------------------------|---------------------------------------|-------------------------------------|--|--------------------------|
| 5 | DESCRIPTION RATE | HOURS | EARNINGS | REIMB & OTHER PAYMENTS | | | ALLOCATIONS | TIONS |
| *** | | | | | | | | |
| | LAL Hours | | 1,041,67 | | | 6458 STD Post-Tax
15:11
97:14 | 3672 Direct Deposit # 6736 Check Amt Chka 0017 | # 6736
0.00
802.12 |
| Specializa | | | | | æ'ş | 26,00 | 4 | |
| <u> </u> | EMPLOYEE TOTAL | £ | 1,041,67 | 7 | N | 202:83 | 36,72 Net Pay | 802,12 |
| Davis, Allison | | | 1,041,67 | | Social Security
Medicare | STD Post-Tax | | # 6737
0.00 |
| Can St. of | | | | | е Тах | 25,00 | Chkg 3799 | 911.01 |
| KAMMAC | EMPLOYEE TOTAL | <u> </u> | 1,041;67 | | -4 | 104.689 | 25,97 Net Pay | 911,01 |
| Davis, Talisha | Fvri | | 437,50 | | curity | STD Post-Tax | 99;29 Direct Deposit # 6738 | |
| mayara). | LAL FIOURS | | 1,020,1 | | Fed Income Tax | 7604 | Chkg 0014 | 1,141,44 |
| The state of | | | | | ax | 30:00 | ***** | |
| Co. co. | EMPLOYEE TOTAL | | 1,458:33 | | N | 217:60 | 99.29 Net Pay | 1,141,44 |
| Ferris, Michael A | Fyri | | 291,67
1,166,67 | | Social Security | 9041 | Direct Deposit # 6739 | # 6739 |
| 10/20 P | | | | | ne Tax | 125.83 | Chkg 1002 | 1,174.95 |
| Administrator | EMPLOYEE TOTAL | <u></u> | 1,458.3 | | | 283:39 | Net Pay | 1,174.95 |
| | | - | | | curity | | Direct Deposit # 6740 | |
| • | | | | | Medicare Fed Income Tax LA Income Tax | | Chkg 5358 | ê |
| | EMPLOYEE TOTAL | <u>~</u>
 | . ,, | | | | Net Pay | |
| Thomas, Barbara J | Fyri
L Al House | | 208:34 | 4 6 | Social Security | 129:17 STD Post-Tax | 48:00 Direct Deposit # 6741 | # 6741 in ho |
| Troject | (| | | | ne Tax
e Tax | 94.27
95.00 | Chkg 0016 | 1,616.69 |
| JY Coto | EMPLOYEE TOTAL | <u>-</u> | 2,083,3 | | | 418,65 | 48,00 Net Pay | 1,616,69 |
| Walker, Shirley | | | 1,041,67 | 37 | curity | 6458 STD Post-Tax | | # 6742 |
| Ē | | | | EP1-111-P**** | Fed Income Tax LA Income Tax | 26 32 3
26 32 3 | Chkg 2191 | 804.63 |
| | EMPLOYEE TOTAL | AL | 1,041:67 | 67 | | 224:02 | 13:02 Net Pay | 804.63 |
| 7 Transaction(s) The staff Bi-WEEKLY TOTALS Fyri LAL Ho | urs | 21.00 | 1,341,34
7,187,51 | 51 04 | Social Security
Medicare | STD Post-Tax | | 0.00
6,800.82 |
| | | | | | | ***** | | |

0060 0060-T846 Family Values Resource Institute Inc Run Date 10/26/17 10:46 AM

Period Start · End Date 10/16/17 · 10/31/17 Check Date 10/30/17

Payroll Journal Page 1 of 2 PYRJRN

| EMPLOYEE NAME | HOURS, EARNI | IGS, REMBUR | HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS | PAYMENTS | WITHHOLDINGS | GS | DEDUCTIONS | NET | YAY |
|--|-------------------------------------|----------------|--|---------------------------|--|--------------------------------|---------------------------|-----------------------------------|------------------|
| | DESCRIPTION | RATE | EARNINGS | REIMS & OTHER
PAYMENTS | | | | ALLOC | TION |
| | | | | | Fed Income Tax
LA Income Tax | 627.58
225.00 | | erautrena. | |
| 100 | STAFF BI-WEEKLY TOTAL | | 21.00 8,528.85 | | | 1,506,03 | | 223:00 Net Pay | 6,800.82 |
| | | | | | Employer Liabilities | Ties . | | | |
| | | | | 70-1413 | Social Security
Medicare | 52879
12367 | | 1430FF11133 | |
| | | ann à phù dù e | | TOTAL EMPI | TOTAL TAX HABILITY | 0 852.46
57.46 | | etrasarr) | |
| **** 300 1099
leasc, Latosha S (IC) | 1099 Misc Comp | | | 361.81 | i i i | | Deduction | 20.10 Direct Deposit | 452 |
| | 1099 Misc Comp | | | 1,304.86 | | | | Check Amt
Chkg 0010 | 1,646.57 |
| 300 1000 TOTAL 8 | EMPLOYEE | TOTAL | | 1,666.67 | | | | 2010 Net Pay | 1.646.57 |
| 1 Person(s)
1 Transaction(s) | 1099 Misc Comp | | | 1,666.67 | | ō | Deduction | 2010 Check Amt
Dir Dep | 0.00
1,646.57 |
| | 300 1099 TOTAL | | | 1,666.67 | | wp#1337/0761 | | 20 10 Net Pay | 1,646.57 |
| 8 Person(s) 8 Transaction(s) | Fyri
LAL Hours
1099 Misc Comp | | 21,00 1,34134
7,18751 | | Social Security Medicare 1,666,67 Fed Income Tax LA Income Tax | 528.79 D
123.66 S
627.58 | Deduction
STD Post-Tex | 20:10 Check Amt
223:00 Dir Dep | 8,447,99 |
| | COMPANY TOTA | | 2100 8,528,85 | 9.5 1,666.67 | Employer Liabilities | 1,505 _. 03 | | 243 10 Net Pay | 8,447.39 |
| | | | | | Social Security
Medicare | 528,79
123,67 | | - | |
| | | | | TOTAL EMPL | LOYER LIABILITY | 652:46
2,157:49 | | | |
| (IC) = Independent Contractor | | | | | | 11240-11144-1144-1 | | | |

Period Start - End Date 10/16/17 - 10/31/17 Check Date 10/30/17

Payroll Journal Page 2 of 2 PYRJRN

Welcome To EFTPS - Payments

Page 1 of 1

FRINGE: 941 Tow Payment - 10/13 Payroll

TAXPAYER NAME: FAMILY VALUES RESOURCE INSTITUTE

TIN XXXXX5039

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

| EFT ACKNOWLEDGEMENT NUMBER: | - 1 | 2707691 35125696 |
|-----------------------------|-----|-------------------------|
| | | |

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

| Payment Information | Entered Data |
|---------------------|---------------------------|
| Taxpayer EIN | xxxxx5039 |
| Tax Form | 941 Employers Federal Tax |
| Тах Туре | Federal Tax Deposit |
| Tax Period | Q4/2017 |
| Payment Amount | \$1.898.43 |
| Settlement Date | 10/18/2017 |
| Subcategories: | |
| 1 Social Security | \$1.040.89 |
| 2 Medicare | \$243.44 |
| 3 Tax Withholding | \$614 10 |
| Account Number | xxxx0000 |
| Account Type | CHECKING |
| Routing Number | 065400153 |
| Bank Name | WHITNEY BANK |

Hancock Whitney Bank
Page 1 of 1
Page 1 of 1

Page 1 of 1

Hancock WHITNEY

Transactions Details

Posting Date

10/18/2017

Transaction Date

10/18/2017

Description

USATAXPYMT IRS 101817

Transaction Type

Debit

T/C

0036

Amount

\$1,898.43

Balance

Frange: 941 Tax Payment - 10/13 Payrol PAYCHEX, INC.

GRETNA LA 70056 401 WHITNEY AVENUE SUITE 200 (844) 729-9247

Soc Sec and Med and Federal Withholding Tax

EFTPS Mandated Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due Non-mandated: Initiate a 941 payment for the specified quarter at www eftps gov at least one banking day before

Amount Due: Due Date: Quarter Deposit Period: the due date. 10/11/17 - 10/13/17 \$1,898.43 10/18/17 **Employer Social Security** Employee Medicare Employee Social Security

Federal Withholding Employer Medicare

Last Check Date: 10/13/17 Federal ID: 72-1415039

Date Paid:

Check Number:

520.45 121.73 520.44 121.71

IMPORTANT REMINDERS

You are scheduled to report your next payroll on Thur 10/26/17.

In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.

*** Payments made by EFT must be initiated one day prior to the due date.



0060-0060T846-002-284-1317

0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 74403 BATON ROUGE LA 70874-4403



0060-0060T846-002-284-1317

Welcome To EFTPS - Payments

Page 1 of 1

Tax Payer NAME: FAMILY VALUES RESOURCE INSTITUTE

Deposit Confirmation

Your payment has been accepted.

Payment Successful

An EFT Acknowledgement Number has been provided for this payment. Please keep this number for your records.

REMINDER: REMEMBER TO FILE ALL RETURNS WHEN DUE!

| EFT ACKNOWLEDGEMENT NUMBER: | 2707707 12837475 |
|-----------------------------|-------------------------|

PLEASE NOTE

Any amounts represented in the subcategories of Social Security, Medicare, and Income Tax Withholding are for informational purposes only.

| Payment Information | Entered Data |
|---------------------|---------------------------|
| Taxpayer EIN | xxxxx5039 |
| Tax Form | 941 Employers Federal Tax |
| Tax Type | Federal Tax Deposit |
| Tax Period | Q4/2017 |
| Payment Amount | \$1.932.49 |
| Settlement Date | 11/03/2017 |
| Subcategories: | |
| 1 Social Security | \$1.057,58 |
| 2 Medicare | \$247.33 |
| 3 Tax Withholding | \$627.58 |
| Account Number | xxxx0000 |
| Account Type | CHECKING |
| Routing Number | 065400153 |
| Bank Name | WHITNEY BANK |

Founge: 941 Tax Payment - 1900 Payrol,

GRETNA LA 70056 401 WHITNEY AVENUE SUITE 200 PAYCHEX, INC. (844) 729-9247

Soc Sec and Med and Federal Withholding Tax

the due date. EFTPS Mandated: Initiate new 941 EFT deposit for the specified quarter at least one banking day before the due Non-mandated: Initiate a 941 payment for the specified quarter at www.eftps.gov at least one banking day before

Due Date: Quarter Amount Due: Deposit Period:

10/28/17 - 10/31/17 \$1,932.49 11/03/17

Check Number:

Last Check Date: 10/30/17

Federal Withholding Federal ID: Employer Medicare Employer Social Security Employee Medicare Employee Social Security 72-1415039

528.79 123.66 528,79 123.67 627.58

IMPORTANT REMINDERS

*** You are scheduled to report your next payroll on Mon 11/13/17.

* * * In compliance with the Federal Depository rules, your federal deposit frequency is Semi-weekly. Please verify with your deposit frequency information notice from the IRS. If the frequency is different, notify your Payroll Specialist immediately.

*** Payments made by EFT must be initiated one day prior to the due date.



0060-T846

IRS

FAMILY VALUES RESOURCE INSTITUTE INC INSTITUTE INC PO BOX 74403 BATON ROUGE LA 70874-4403



0060-0060T846-002-299-1146

0060 0060-T846 Family Values Resource Institute Inc 0060 Run Date 10/26/17 10:46 AM

Hancock Whitney Bank
FRUNGL: 941 Tax Paum Int — 1930 Pauro71
The Hancock WHITNEY

Transactions Details

Posting Date

11/03/2017

Transaction Date

11/03/2017

Description

USATAXPYMTTRS 110317

Transaction Type

Debit

T/C

0036

Amount

\$1,932.49

Balance

https://secure.hancockwhitney.com/dBanking/home.do

11/13/2017



INVOICE

INVOICE #:

201711

INVOICE DATE:

10/1/2017

P.O. Box 74403 Baton Rouge, LA 70874 225-355-2725 Office 225-355-2742 Fax www. FVRI.org

Billed To: Louisiana Alliance For Life

| DESCRIPTION | AMOUNT |
|--|-------------------|
| Monthly Charge for Rental of 2,000 square feet of office space in 2500 square foot building at \$0.60 per square foot as stated in the budget narrative. | 1,200.00 |
| | |
| | |
| | |
| - ') | TOTAL \$ 1,200.00 |

Pient

The Hancock & WHITNEY

Transactions Details

والمراجعين والمحافظ والمشتون ومعاكمته والمتكا للماني

Posting Date

11/08/2017

Transaction Date

11/08/2017

Description

DDA-CHECK 0000001582

Transaction Type

Debit

T/C

0075

Amount

\$1,200.00

Balance

Front

Back

FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403

11/8/2017

PAY TO THE

Family Values Resource Institute, Inc.

\$ **1,200.00

DOLLARS 🗓

1582

Family Values Resource Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

MEMO

NAME OF THE OWNER OF THE OWNER OF THE OWNER.

LAL Rent

#001582# #065400153#

Delicar Sa Fronces

WeitENEY BANK Member FDIG / whitneytunk.com

https://secure.hancockwhitney.com/dBanking/home.do

11/13/2017



Transactions Details

Posting Date 11/08/2017

Transaction Date 11/08/2017

Description DDA CHECK 0000001582

Transaction Type Debit

T/C 0075

Amount \$1,200.00

Balance

Front

Back

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https://secure.hancockwhitney.com/dBanking/home.do

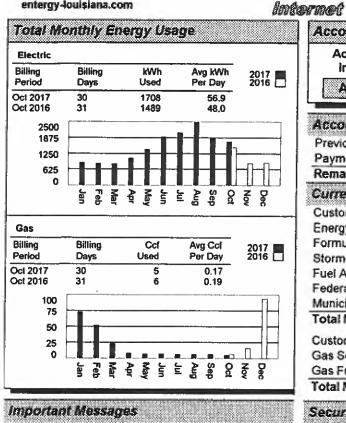
11/13/2017

7515 Scenic Hwy Baton Rouge, LA 70807-5447 Page 1 of 2 877-ETRBIZZ (877-387-2499); 8a-5p, Mon-Fri Power Outage or Safety Concern, 24 hrs/7days 800-968-8243 (800-9OUTAGE)

\$253,59 after

Mail Date

10/27/2017



| Account Detail | | |
|----------------------------------|-----------------------|----------|
| Previous Balance | | 277.89 |
| Payment Received | (10/13/2017) | -277.89 |
| Remaining Balance | | \$0.00 |
| Current Charges | | |
| Customer Charge | | 13.39 |
| Energy Charge | | 96.13 |
| Formula Rate Plan | @ 29.4462% | 32.04 |
| Storm Restoration Offset | | -2.99 |
| Fuel Adjustment | 1708 kWh @ \$0.02965 | 50.64 |
| Federal Mandated EAC Rider | 1708 kWh @ \$0.000038 | 0.06 |
| Municipal Franchise Fee | | 4.73 |
| Total Metered Charges Electric (| Contract 3288046) | \$194.00 |
| Customer Charge | | 9.10 |
| Gas Service | | 2.43 |
| Gas Fuel Adjustment | 5 Caf @ \$0.4258 | 2.13 |
| Total Metered Charges Gas (Cor | tract 3288047) | \$13.66 |

Account Summary for Charles R Thomas Jr.

Account # 32078008 Invoice # 425003148009

Amount Due by 11/20/2017

| -My Account Online at enters
-By Phone at 800-584-1241 | |
|--|---------|
| Please add \$1 to total bill am
Care. Learn more at entergy | |
| 117 1: - | 900 |
| | V / 1 / |

Thank you for the prompt way you pay your bill.

| Current Mon | th Energy | Charges | | | \$253.59 |
|--------------------|-------------|--|-----------|--------------|----------|
| Storm Restor | ration Cha | rge | | | 15.96 |
| State Sales 1 | | | | | 9.14 |
| Total Security | y Lighting | Charges (09/ | 23/2017 - | 10/23/2017} | \$20.83 |
| Municipal Fra | | The second secon | | | 0.51 |
| Federal Man | | | 150 kWh | @ \$0.000038 | 0.01 |
| Fuel Adjustm | | | | @ \$0.02965 | 4.45 |
| Storm Resto | ration Offs | set | | | -0.34 |
| Formula Rat | e Plan | | | @ 29.21% | 3.65 |
| Energy Char | ge | | | | 0.08 |
| AL9 | 1 | 400W Hps | | 150.0 | 12.49 |
| Rate | Qty | Facility | Type - | - kWh - | |

| | \$202.81 | |
|---------|----------|--|
| Entergy | 253.59 | |

entergy-louisiana.com

| 253.59 | |
|--------|--|
| X 80% | |
| 209 81 | |

| Account 32078008 | QP |
|--------------------|----------|
| Customer Service | |
| 877-ETRBIZZ Amount | Due by 1 |
| (877-387-2499) | |

| 2 | 5 | 3 | | 5 | 9 |) | X | 40000 |
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CHARLES R THOMAS JR NORTH BR WOMAN'S HELP CENTER 7515 SCENIC HWY BATON ROUGE LA 70807-5447

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QPC 04000

\$261.06

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Account # 32078008 Invoice # 425003148009 Mail Date 10/27/2017 Page 2 of 2 Business Solutions Center 877-ETRBIZZ (877-387-2499); 8a-5p, Mon-Fri Power Outage or Safety Concern, 24 hrs/7days 800-968-8243 (800-9OUTAGE)

Internet

| Meter Reading (Contract | 3288046) | |
|--------------------------|--------------|---------|
| Meter # F130154 | Rate: GS_SGS | |
| Total Days (30) | | |
| Current Meter Reading | (10/21/2017) | 82809 |
| Previous Meter Reading , | (09/21/2017) | - 81101 |
| kWh Metered | | 1708 |
| kW Metered | | 11.68 |
| Meter Reading (Contract | 3288047) | |
| Meter # X134359 | Rate: GG_G1A | |
| Total Days (30) | | |
| Current Meter Reading | (10/21/2017) | 9316 |
| Previous Meter Reading | (09/21/2017) | - 9311 |
| CCF Metered | | 5 |

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C EGNR

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The Hancock & WHITNEY

Transactions Details

Posting Date 11/09/2017

Transaction Date 11/09/2017

Description DDA CHECK 0000001575

Transaction Type Debit

T/C 0077

Amount \$253.59

Balance

Front

Back

WKITNEY BANK (Kembo) FC-C / Né-breybark com 1575

t: 15751 E

11/8/2017

PAY TO THE Entergy

\$ **253.59

Acct # 32078008

DOLLARS 🗓

Entergy PO Box 8103 Baton Rouge, LA 70891-8103 United States

MEMO

#001575# #065400153#

FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403

BETTER BUTTER BUTTER BUTTER BUTTER BUTTER BUTTER BUTTER BUTTER

🌃 Hancock 🗣 Whitney

Transactions Details

Posting Date 11/09/2017

Transaction Date 11/09/2017

Description DDA CHECK 0000001575

Transaction Type Debit

T/C 0077

Amount \$253.59

Balance

Front Back

110917 5042 194 00032078008

0313750420194 CH

CHECK21

DEPOSIT ONLY ENTERGY SERVICES INC JPMORGANICOHASTE & >11900057< 141/14es 80% \$9.46

Baton Rouge Water Company 8755 Goodwood Boulevard
Office Hours: 8:30 a.m. — 5:00 p.m.
Monday — Friday (excluding holidays)
Customer Service: (225) 925 — 2011

| Account Number | Service Address | Reading Date |
|----------------------|------------------|--------------|
| 01 01 03 354 0008 02 | 07515 SCENIC HWY | OCT 02 2017 |

| Meter R | eadings | | Amount |
|---------------|--------------|----------------|--------|
| Current | Previous | 100 Cubic Feet | Amount |
| ling Summer | for Water S | ervice: | |
| 1160 | 1156 | 4 | 9.73 |
| CITY EXC | ISE TAX | | 50 |
| LA SALES | TAX | | . 42 |
| LA DHH Q | PH SDWA F | EE | 1.00 |
| CROUNDWA | TER FEE | | .02 |
| AUGUST 2 | 016 FLOOD | | |
| RECOVER | Y SURCHAR | GE | .16 |
| | | | |
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| | | | |
| | | | |
| | | | |
| kmounf: far.: | Water Servic | e: | 11.83 |

Pay Online @ WWW.BRWATER.COM Password: 70807

Baton Rouge Water Company

P.O. Box 96016

Baton Rouge, LA 70896-9016

Acct. No.: 010103354000802

Please Return This Stub With Payment

AMOUNT DUE BY OCT 30 2017

\$11.83

AMOUNT DUE AFTER OCT 30 2017

\$12.32

AMOUNT ENCLOSED

For your convenience, please make one check or money order payable to: UTILITY PAYMENT PROCESSING

03 01 3 354000802

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UTILITY PAYMENT PROCESSING P O BOX 96025 BATON ROUGE LA 70896-

70896-9025

FOR MAILING AND PHONE NUMBER CHANGES CHECK HERE

AND PROVIDE ON BACK

FAMILY VALUES RESOURC P 0 BOX 74403 BATON ROUGE LA

70874-4403

301010335400080200001183000012323

RRWAT FRM 06/11

Utilities \$9.46

Hancock WHITNEY

Transactions Details

Posting Date

10/27/2017

Transaction Date

10/27/2017

Description

DDA CHECK 0000001571

Transaction Type

Debit

T/C

0077

Amount

\$11.83

Balance

Front

Back

aly

1571

DOLLARS 🗈



FAMILY VALUES RESOURCE INSTITUTE INC.

DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 226-359-9001
BATON ROUGE, LA 70874-4403

10/23/2017

PAY TO THE

Utility Payment Processing

\$ *11.83

PO Box 96025

Baton Rouge, LA 70896-9025

MEMO United States

MINC Winter Bill

#001571# #065400153#

Barbara Ja Shores

🌃 Hancock 📮 Whitney

Transactions Details

Posting Date 10/27/2017

Transaction Date 10/27/2017

Description DDA CHECK 0000001571

Transaction Type . Debit

T/C 0077

Amount \$11.83

Balance

Front Back

09499 564 102717 car Pay to the Order Of 354000802 01 Within Named Payee 8755A 354000802 01 010103354000802 009499 564

https://secure.hancockwhitney.com/dBanking/home.do

11/13/2017





DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602

PHILADELPHIA, PA 19101-1602

Lease \$196.90

REMITTANCE SECTION

Invoice Number: Due Date: **Due This Period:**

Amount Enclosed:

56496821 11/01/2017 \$218.98

PRESORT 56740 1 AB 0.400 P1C214 <B ՖՈլլիսիկոքիկիսոնվուիկյունըսբուներունոնիններությու

FAMILY VALUES RESOURCE INSTITUTE INC ATTN AP PO BOX 74403

BATON ROUGE LA 70874-4403

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602 PHILADELPHIA, PA 19101-1602

ե<mark>ֈ</mark>ՈւնուՈՈնՈւլլ_իՈւմ|||րովլի|||-Մգ|-փրակմոիՈնգրմ||ընոլՈւոնվիա|

2100000564968210000218987

Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.

financial solutions

DE LAGE LANDEN FINANCIAL SERVICES, INC. PO BOX 41602

PHILADELPHIA, PA 19101-1602

800-736-0220

Contract Number: Invoice Number:

Account Number: Site Number: Invoice Date:

Period of Performance: **Due This Period:**

25411981 56496821

1053937 3849724 10/07/2017

10/01/2017-10/31/2017 \$218.98

Visit www.lesseedirect.com

Did you know you can...

View copies of your contract and open invoices

✓ Enroll in paperless invoicing

Make a payment

Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

See Reverse For Important Information

| Balance Due Previous Invoices Total Amount Due | · · · · · · · · · · · · · · · · · · · | | | | \$0.00
\$218.98 |
|--|---------------------------------------|---------|---------------------------|------------------|------------------------|
| Billed this invoice | \$199.07 | \$19.91 | \$218.98 | \$0.00 | \$218.98 |
| INSURANCE | \$20.07 | \$2.01 | \$22.08 | \$0.00 | \$22.08 |
| PAYMENT | Amount
\$179.00 | \$17.90 | Amount
\$196.90 | Amount
\$0.00 | Amount Due
\$196.90 |
| INVOICE DETAILS Description | Payment | Tax | Total | Applied | Remaining |

(Please see the following pages for details.)

ASSET DETAILS

Contract Number 25411981

Number A7PY01100010

Serial

Purchase Order

Make / Model KONMIN / **Asset** Number 25411981_1 Instail Date

Cost Center

Department

Payment Amount \$179.00

Tax \$17.90

Amount \$196.90

Total

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total:

\$196.90

Received NOV 16 2017 **DCFS** Economic Stability

page 1 of 2

De Lage Landen Financial Services, Inc. has the right to use the DLL®, DLL Financial Solutions Partner®

PB7H5T3J



DE LAGE LANDEN FINANCIAL SERVICES, INC. PHILADELPHIA, PA 19101-1602

pier Lease \$196.90

Invoice Number:

Due This Period:

Due Date:

REMITTANCE SECTION

56496821 11/01/2017 \$218.98

Amount Enclosed:

1192056740 PRESORT 56740 1 AB 0.400 P1C214 <B

FAMILY VALUES RESOURCE INSTITUTE INC ATTN AP PO BOX 74403

BATON ROUGE LA 70874-4403

Please make check payable to:

DE LAGE LANDEN FINANCIAL SERVICES, INC.

PO BOX 41602

PHILADELPHIA, PA 19101-1602

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Detach here. Please include the top payment coupon with your payment. Please allow 5-7 days for U.S. Postal Service delivery.

financial solutions
partner

DE LAGE LANDEN FINANCIAL SERVICES, INC.

PO BOX 41602 PHILADELPHIA, PA 19101-1602

800-736-0220

Contract Number: Invoice Number: Account Number: Site Number: Invoice Date:

10/07/2017 10/01/2017-10/31/2017

Due This Period:

\$218.98

25411981

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Visit www.lesseedirect.com

Did you know you can...

- View copies of your contract and open invoices
- Enroll in paperless invoicing
- Make a payment
- Set up automated/recurring payments

IMPORTANT MESSAGES

*Please review your equipment location(s) for tax purposes.

Period of Performance:

See Reverse For Important Information

| Balance Due Previous Invoices
Total Amount Due | | · | | | \$0.00
\$218.98 |
|---|---|---------|-----------------|-------------------|-------------------------|
| Billed this invoice | \$199.07 | \$19.91 | \$218.98 | \$0.00 | \$218.98 |
| INSURANCE | \$20.07 | \$2.01 | \$22.08 | \$0.00 | \$22.08 |
| PAYMENT | \$179.00 | \$17.90 | \$196.90 | \$0.00 | \$196.90 |
| Description | Payment
Amount | Tax | Total
Amount | Applied
Amount | Remaining
Amount Due |
| INVOICE DETAILS | 131111111111111111111111111111111111111 | - | | | |

(Please see the following pages for details.)

ASSET DETAILS

Serial Contract Purchase Make / Asset Install Cost **Payment** Total Number Number Order Model Number Date Center Department Amount Tax Amount 25411981 A7PY01100010 KONMIN / 25411981_1 \$179.00 \$17.90 \$196.90

Asset Location: 7515 SCENIC HWY BATON ROUGE EAST BATON ROUGE LA 70807-5447 United States

Asset Amount Total:

\$196.90



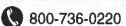
page 1 of 2

De Lage Landen Financial Services, Inc. has the right to use the DLL®, DLL Financial Solutions Partner^{su}

PB7H5T3J

Contact Us

Customer Service



- Questions regarding your contract terms
- Balance Inquiry

General Questions regarding your bill
 addressupdates@leasedirect.com

Questions regarding Insurance

Address Changes & Invoice Delivery

- Has your email address for invoice delivery changed?
- Has your billing or equipment address changed?
- Choose Paperless Invoicing and receive your invoice up to 5-7 days earlier!

Correspondence Address

DE LAGE LANDEN FINANCIAL SERVICES, INC. 1111 OLD EAGLE SCHOOL RD WAYNE, PA 19087-1453 *Please provide your contract number

IMPORTANT REMINDER: Enclose remittance slip with your check and send it to the address on the reverse side to ensure accurate and timely processing of your payment. Please remit payments at least 5 days prior to due date. Please record your Invoice number on the check.

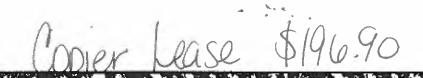
For account information 24 hours a day, 7 days a week, visit our website www.lesseedirect.com

Explanation of Charges

It is important to us that you understand the charges on your invoice. Please refer to this guide for assistance.

- 1. DOCUMENTATION/ORIGINATION FEE A one-time fee assessed on new transactions to cover our expenses for preparing financing statements and other documentation costs.
- 2. INTERIM PAYMENT A charge to account for the partial month, prior to the first full billing cycle, calculated per the terms and conditions in the contract.
- 3. INSURANCE CHARGE A charge due each billing period as the result of the equipment being insured by the lessor against theft or damage.
- 4. PAYMENT Amount due each billing period in accordance with the terms of the contract.
- 5. LATE FEE Assessed when a payment is not received by its due date, as provided by the contract.
- 6. FINANCE CHARGE Assessed when a payment is not received and is over thirty (30) days past its due date.
- 7. PROPERTY TAX The lessor, as the owner of the equipment, is assessed and pays property tax to the appropriate taxing authority on an annual basis. Per the contract, the Lessee has agreed to reimburse the Lessor for all property taxes paid on their behalf plus reasonable administrative costs. For questions about taxes, call the Customer Service number above.
- 8. RETURNED CHECK FEE Assessed each time a check is returned for any reason.
- 9. CUSTOMER SERVICE FEE Assessed when a request for an amortization schedule, an invoice copy, a pay history or additional contract copy is requested.
- 10. ACCOUNT SUMMARY Overview of prior billed invoices for which a partial or no payment was received at the time the current invoice was printed.
- 11. TAX OR LESSOR SURCHARGE Taxes due in accordance with the tax laws of the state(s) where the equipment is located. For tax related questions, call the Customer Service number above.

pncdll-129356



FAMILY VALUES RESOURCE INSTITUTE INC.

DBA LOUISIANA ALLIANCE FOR LIFE
PO BOX 74403 PH. 225-359-9001
BATON ROUGE, LA 70874-4403

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10/23/2017

De Lage Landen Financial Services, Inc.

\$ **218.98

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De Lage Landen Financial Services, Inc PO Box 41602 Philadelphia, PA 19101-1602

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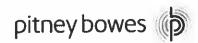
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ISTROUMA
                 5200 LONGFELLOW DR
BATON ROUGE
                       LA
70805-2711
                       2106300966
 10/16/2017
                        (800)275-8777
                                                 1:51 PM
 Sale
 Product
 Description
                                    Qty
                                                      Price
PM 1-Day 1
(Domestic)
(BATON ROUGE, LA 70804)
(Weight:1 Lb 1.00 0z)
(Expected Delivery Day)
(Tuesday 10/17/2017)
                                                   $7,20
  Certified 1 (30USPS Certified Mail #) (701706600000023099802)
                                                   $3.35
                                                   $2.75
   Return
  Receipt
         (@@USPS #eturn Receipt #)
(9590940216096053112011)
 Total
                                                 $13.30
Debit Card Remit'd $1
(Card Name: Debit Card)
(Account #:XXXXXXXXXXXXXXXXXX848)
                                                 $13.30
       (Approval #: )
(Transaction #:704)
(Receipt #:004163)
(Debit Card Purchase $13.30)
        (Cash Back:$0.00)
```

Includes up to \$50 insurance

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to



Account Name: FAMILY VALUES RESOURCE

Purchase Power Account Number: 8000-9090-0923-5743

Purchase **Power**® Account Statement

Statement Date October 5, 2017

Page 1 of 3

| SUMMARY OF YOUR CHARGES | | | | |
|-------------------------|----------|--|--|--|
| Previous Balance | \$0.00 | | | |
| Purchases | | | | |
| Postage | \$100.00 | | | |
| Equipment and Services | \$106.96 | | | |
| Total Purchases | \$206.96 | | | |
| Payments | \$0.00 | | | |
| Credits | \$0.00 | | | |
| Other Charges | \$0.00 | | | |
| Finance Charges | \$0.00 | | | |
| New Balance | \$206.96 | | | |

To avoid late fees please ensure Pitney Bowes receives a minimum payment before the due date of November 01, 2017

Minimum Payment Due 11/01/2017

Credit Cards are NOT an accepted form of payment for accounts. Please allow 2 business days for electronic (ACH) payments. Go to pitneybowes,us/signin to make your payment.

PITNEY BOWES REWARDS POINTS

| Previous Balance | 2,047 |
|-----------------------------------|---------|
| - Points Redeemed | 0 |
| - Points Adjusted | 0 |
| Points Earned this billing period | 207 |
| New Rewards Balance 2,2 | |
| Review Details: pitneybowes.us/ | rewards |

Credit Line is: \$8,000.00 Available Credit: \$7,793.04

Questions about this statement? pitneybowes.us/signin Manage your account online, view and pay your bills, see detailed history, much more...

Call Monday - Friday 8AM to 8PM ET 800 243 7800. Please have your 16 digit account number available.

OΓ

Point. Click. Done.

Reorder supplies today. It's that easy.

pitneybowes.com/us/suppliesnow



The Pitney Bowes Bank, Inc. Tax ID#: 84-1386389

\$10.00

To make a payment by mail, please complete and send the coupon below. Please allow 7-10 business days for mail delivery.

Tear off here

PURCHASE POWER 2225 AMERICAN DRIVE NEENAH WI 54956-1005

| Account # | New Balance | Minimum Payment Due | Payment Due Date | Amount Enclosed |
|---------------------|-------------|---------------------|------------------|-----------------|
| 8000-9090-0923-5743 | \$206.96 | \$10.00 | 11/01/2017 | \$ |

Change of address/contact information, please update at: pitneybowes.com/us/support/addresschange

Make check payable to Purchase Power

If you've chosen to pay by mail, please include this payment coupon as well as your 16 digit account number on your check.

Accounts Payable FAMILY VALUES RESOURCE 7515 SCENIC HWY BATON ROUGE LA 70807

Purchase Power PO BOX 371874 PITTSBURGH PA 15250-7874

8000909009235743000010000000206965

Purchase Power®

Page 2 of 3

Postage Activity

8000-9090-0923 5743

BATON ROUGE LA

Tran Post Date Date

09/11

Date Description
09/12 Meter Refill SN-0585484

cription

Reference PBP #:50640960 Amount

\$100.00

Postage Activity

\$100.00

Total Postage Activity \$100.00

Equipment and Services Activity

| Tran
Date | Post
Date | Description | Details | Charges | Am |
|--------------|--------------|----------------------------------|--|---------|------|
| 09/13 | 09/13 | METER RENTAL
Order#0040522218 | | | \$10 |
| | | | K7M0 K7M0 - Mailstation2# Meter | 89.97 | |
| | | | City Tax | 1.80 | |
| | | | County Tax | 2.70 | |
| | | | State Tax | 4.50 | |
| | | | Meter Serial No. 0585484 | | |
| | | | From 20171001 To 20171231 | | |
| | | | RESETS Postage Refill Fee
Refills 06/20 | 7.99 | - 1 |

Equipment and Services Activity

\$106.96

Total Equipment and Services Activity \$106.96

Purchase Power®

SEND OVERNIGHT CHECKS TO:

PURCHASE POWER ATTN: BOX 371874 500 ROSS STREET SUITE 154-0470 PITTSBURGH PA 15262-0001

Version 09222017 - 10062017060250



Purchase Power®

Page 3 of 3

Finance Charges

Description
Postage/Supplies

Average Daily Balance \$ \$162.00

Daily Periodic Rate 0.060% APR 22.00% Amount

Total Finance Charges \$0.00

Important Information

Access the following activities on our website:

- View and pay bills
- Order Supplies
- Update account information
- Access technical support
- Add postage to meters
- Permit Mail

It's easy. Go to pitneybowes.us/signin

Payment Options: When making payments to your account, please include your 16 digit account # on your check and allow for 7-10 days for mailing and processing. You can make a payment online at pitneybowes.us/signin. Please allow up to 2 business days for online payments. You can also transfer funds from your bank account.

If we do not receive your payment by the Payment Due Date, late fees will apply. If your payment is returned, you're liable for any charges we incur.



🎁 Hancock 🔓 Whitney

Transactions Details

Posting Date 11/02/2017

Transaction Date 11/02/2017

Description DDA CHECK 0000001570

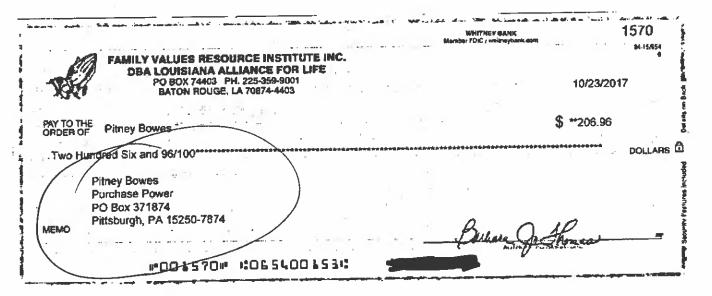
Transaction Type Debit

T/C 0077

Amount \$206.96

Balance

Front Back



THancock & WHITNEY

Transactions Details

Posting Date 11/02/2017

Transaction Date 11/02/2017

Description DDA CHECK 0000001570

Transaction Type Debit

T/C 0077

Amount \$206,96

Balance

Front B

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Back

002006 032 110117 0074 BNYMELLON 80009090923574 PIT CRED TO PAYEE 125-3190/371874 ABS END GUAR

110117 314435 032 064

Page 1 of 6

OT FOR PAYMENTS)

(PARTMENT # 102430

) BOX 1259

AKS, PA 19456

20 0310 NO PR 05 100720

00 0210 NO RP 05 10072017 NNNNNNNY 01 000955 0004

AMILY VALUES RESOURCE INSTITUTE

515 SCENIC HWY ATON ROUGE LA 70807-5447



իզոելեցիլը Մեփոսիլի Միրբինիլի իրինի ունենի Միմանչ

| COUNT SUMMARY as of Oct | t 6, 2017 |
|----------------------------|--|
| rious Balance | \$525.24 |
| ment Received - Sep 29 | -\$525.24 |
| naining Previous Balance | \$0.00 |
| | 17 |
| TV | \$62.49 |
| Internet | \$115.00 |
| Telephone | \$264.75 |
| Cox Toll Free | \$5.00 |
| Usage Charges(Phone) | \$2.59 |
| Taxes, Fees and Surcharges | \$78.67 |
| r Charges | \$528.50 |
| al Due By Oct 27, 2017 | \$528.50 |
| | rious Balance ment Received - Sep 29 maining Previous Balance v Charges: Oct 5, 2017 - Nov 4, 20 TV Internet Telephone Cox Toll Free Usage Charges(Phone) Taxes, Fees and Surcharges |



CONTACT US: www.coxbusiness.com

866-272-5777

Account Number

001 5711 071045903 7515

SERVICE ADDRESS 7515 SCENIC HWY

BATON ROUGE, LA 70807-5447



Telephone \$25000 Internet \$15.00



Make Your Life Easier and GO GREEN!
With EasyPay, pay your monthly Cox bill automatically from your bank or credit card account. Add Paperless Billing and you get rid of paper bills and can access your account online any time, all while saving trees! Sign up today at www.coxbusiness.com/myaccount!

October 06, 2017 bill for FAMILY VALUES RESOURCE INSTITUTE

Account Number 001 5711 071045903

Service at

7515 SCENIC HWY

BATON ROUGE, LA 70807-5447

Total Due By Oct 27, 2017

\$528.50

COX BUSINESS PO BOX 919243 DALLAS TX 75391-9243

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J5711001182071045903050052850

October 06, 2017 Bill for FAMILY VALUES RESOURCE INSTITUTE
Account number 001 5711 071045903
Page 2 of 6

| MONTHLY SERVICES Oct 5 - Nov 4 | |
|--|----------|
| TV | |
| Digital Adapter | \$1.99 |
| Cox Business TV Starter | 18.00 |
| Business TV Essential | 35.00 |
| Other Fees and Surcharges | |
| Regional Sports Surcharge | \$3.50 |
| Broadcast Surcharge | 4.00 |
| Total TV | \$62.49 |
| INTERNET | |
| CBI 100 - 100 Mbps x 20 Mbps | \$115.00 |
| Total Internet | \$115.00 |
| TELEPHONE | |
| 225-355-2725 | |
| VoiceManager Flat Rated Local Line | \$25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| Business VoiceManager Group
Hunting | 0.00 |
| Individual Voice Mailbox | 0.00 |
| VoiceManager Office Package | 0.00 |
| 225-355-2333 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON PUBLISHED | 0.00 |
| VoiceManager Office Package | 0.00 |
| 225-356-1101 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |

| Monthly Services cont. | |
|------------------------------------|----------|
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| VoiceManager Office Package | 0.00 |
| 225-357-6822 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| VoiceManager Office Package | 0.00 |
| 225-357-6880 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| VoiceManager Office Package | 0.00 |
| 225-359-9001 | |
| VoiceManager Flat Rated Local Line | 25.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| VoiceManager Office Package | 0.00 |
| 225-355-2742 | |
| VoiceManager Flat Rated Local Line | 15.00 |
| Network Interface Fee - Multi-Line | 9.25 |
| Cox Business Unlimited | 5.00 |
| DIRECTORY LISTING-NON | 0.00 |
| PUBLISHED | |
| VoiceManager Utility Line | 0.00 |
| Total Telephone | \$264.75 |

COX TOLL FREE

Payment options

Online: Visit cox.com to register for 24-hour online access or make payments to your account.

Mail: Detach this coupon and send it with your check or money order. Please include your account number on your check. Make your checks payable to Cox Communications. Allow 7 days for processing.

Phone: You may contact us at the telephone number listed on the front of this bill anytime and follow the phone prompts to make a payment using your bank account or credit card.

In Person: Visit www.cox.com/business for a list of Cox Authorized Payment Centers.



Monthly Services cont.

| Monthly Services cont.
855-696-2333 | |
|--|----------|
| Cox Toll Free Svc - Switched | \$5.00 |
| Total Cox Toll Free | \$5.00 |
| TOTAL MONTHLY SERVICES | \$447.24 |
| USAGE CHARGES | |
| Telephone Usage | |
| Usage for 225-355-2725 | \$0.00 |
| Intrastate Long Distance (qty 4) | \$0.00 |
| Usage for 225-355-2333 | 0.00 |
| Interstate Cox LD - CB (qty 2) | 0.00 |
| Usage for 225-359-9001 | 0.00 |
| Intrastate Long Distance (qty 8) | 0.00 |
| Interstate Cox LD - CB (qty 3) | 0.00 |
| Total Telephone Usage | \$0.00 |
| Toll Free Usage
Usage for 855-696-2333 | |
| Interstate Toll Free - CB (qty 3) | \$0.30 |
| Intrastate Toll Free - CB (qty 5) | 2,29 |
| Total Toll Free Usage | \$2.59 |
| TOTAL USAGE CHARGES | \$2.59 |
| TAXES, FEES AND SURCHARGES | |
| TV and/or Internet Taxes and Fees | |
| FCC Fee | \$0.09 |
| Franchise Fee | 3.42 |
| PEG Access Fee | 0.35 |
| Total TV and/or Internet Taxes and Fees | \$3.86 |
| Telephone Taxes, Fees and Surcharges | |
| Federal Excise Tax | \$7.55 |
| E-911 Tax (Commercial) | 10.50 |
| Interstate Telecomm Services | 0.16 |
| State Sales Tax | 10.82 |
| Total Taxes | \$29.03 |
| Fees and Surcharges | |
| Access Recovery Fee - Multi-Line | \$10.00 |
| Public Utility Excise Tax | 11.99 |
| Telecommunications Tax for the Deaf | 0.28 |
| Louisiana Universal Service Fund | 4.08 |
| Federal Universal Service Fund | 18.75 |
| Carrier Cost Recovery Fee | 0.68 |
| Total Fees and Surcharges | \$45.78 |
| Total Telephone Taxes, Fees and Surcharges | \$74.81 |
| TOTAL TAXES, FEES AND SURCHARGES | \$78.67 |
| TOTAL NEW CHARGES | \$528.50 |

| TELEPHONE | USAGE DETAIL | .S for 225-35 5-27 25 | į |
|---------------|--------------|------------------------------|---|
| Intrastate Lo | ng Distance | | |

| | Telepho | ne Usage D | etails | cont. | | | |
|---|--------------------------------|------------------------------------|---------------------------|---------------------|------------------------|--------------|--------|
| | • | | | | Min: | Rate/ | |
| | Time | Place | | Number | Sec | Time | Amt |
| | Sep 8 | | | | | | |
| | 10:37A | LAFAYETTE | ,LA | 337-289-9366 | 3:24 | DD/D | 0.0000 |
| | Sep 13 | | | | | | |
| | 12:38P | JENA | ,LA | 318-312-9861 | 2:36 | DD/D | 0.0000 |
| | 12:41P | ALEXANDRI | ,LA | 318-314-3066 | 1:18 | DD/D | 0.0000 |
| | Sep 14 | | | | | | |
| | 09:20A | LAFAYETTE | .LA | 337-289-9366 | 2:42 | DD/D | 0.0000 |
| - | 0.0 | | | | | | |
| - | | | | | 10:00 | | \$0.00 |
| _ | | rastate Long | | | 10:00 | | \$0.00 |
| | Total Int | rastate Long | Distan | ce | | | \$0.00 |
| - | Total Int | rastate Long | Distan | | | 333 | \$0.00 |
| _ | Total Int | rastate Long | Distan | ce
TAILS for 225 | | 333 | \$0.00 |
| - | Total Int | rastate Long | Distan | ce
TAILS for 225 | | 333
Rate/ | \$0.00 |
| - | Teleph
Intersta | rastate Long HONE USA ate Long Dis | Distan | TAILS for 225 | -355-23 | | \$0.00 |
| - | Total Int TELEPH Intersta Time | rastate Long | Distan | ce
TAILS for 225 | -355-23
Min: | Rate/ | |
| - | Teleph
Intersta | rastate Long HONE USA ate Long Dis | Distan
GE DE
stance | TAILS for 225 | -355-23
Min:
Sec | Rate/ | |

301-957-7103

MD

Oct 4

12:54P LAUREL

Total Interstate Long Distance

0.0000

\$0.00

1:00 DD/D

Min: Rate/

Sec Time

5:06 DD/D

:36 DD/D

:12 DD/D

5:54

Amt

0.2550

0.0300

0.0100

\$0.30

8:54

| เทนเสรน | ite Long Distanc | :e | | | |
|----------------------------|-----------------------|------------------------|-----------------|--------|-------------------|
| | | | Min: | Rate/ | |
| Time | Place | Number | Sec | Time | Amt |
| Sep 8 | | | | | |
| 01:10P | NEWORLEA ,LA | 504-301-7573 | 1:24 | DD/D | 0.0000 |
| 01:44P | THIBODAUX,LA | 985-446-5004 | 0.10 | DD/D | 0.0000 |
| 01:56P | LAFAYETTE ,LA | 337-289-9366 | 2:42 | OD/D | 0.0000 |
| Sep 12 | | | | | |
| 02:53P | MORGANCI ,LA | 985-498-6188 | :54 | DD/D | 0.0000 |
| Sep 19 | | | | | |
| 11:26A | LAFAYETTE ,LA | 337-232-5005 | 12:06 | DD/D | 0.0000 |
| Sep 25 | | | | | |
| 10:37A | SHREVEPOR,LA | 318-820-5196 | :18 | DD/D | 0.0000 |
| 10:38A | SHREVEPOR,LA | 318-820-5196 | :36 | DD/D | 0.0000 |
| Oct 3 | | | | | |
| 02:21P | LAFAYETTE ,LA | 337-232-5005 | 14:0 <u>0</u> | DD/D | 0.0000 |
| Total Int | rastate Long Dista | nce | 37:48 | | \$0.00 |
| intersta | ate Long Distanc | :e | | | |
| | - | | Min: | Rate/ | |
| | | | MAILLE. | 140000 | |
| Time | Place | Number | Sec | Time | Amt |
| Time
Sep 15 | Place | | Sec | Time | |
| | Place
BIRMINGHA,AL | Number
205-259-1977 | | | Amt 0.0000 |
| Sep 15 | | 205-259-1977 | Sec 1:06 | Time | 0.0000 |
| Sep 15
03:00P | BIRMINGHA,AL | | Sec | Time | 0.0000 |
| Sep 15
03:00P
Sep 19 | BIRMINGHA,AL | 205-259-1977 | Sec 1:06 | Time | |

TELEPHONE USAGE DETAILS for 855-696-2333

From

Number

251-508-0000

616-254-2065

205-516-0191

Interstate Toll Free

Time Sep 14

Sep 21

Place

08:55A MOBILE ,AL Sep 15 11:10A GRAND RPDS,MI

03:47P BIRMINGHA ,AL

Total Interstate Toll Free Intrastate Toll Free

October 06, 2017 Bill for FAMILY VALUES **RESOURCE INSTITUTE**

Account number 001 5711 071045903 Page 4 of 6

Telephone Usage Details cont.

| | 0 | From | Min: | Rate/ | |
|-----------|-------------------|--------------|-------|-------|--------|
| Time | Place | Number | Sec | Time | Amt |
| Sep 5 | | | | | |
| 08:44A | BATONROUG,LA | 225-220-2515 | 1:30 | DD/D | 0.0750 |
| 08:47A | BATONROUG,LA | 225-220-2515 | 1:06 | DD/D | 0.0550 |
| Sep 7 | | | | | |
| 10:17P | DONALDSNV,LA | 225-717-4732 | :18 | DD/E | 0.0150 |
| Sep 12 | | | | | |
| 08:55A | BATONROUG,LA | 225-803-5030 | 5:00 | DD/D | 0.2500 |
| Sep 18 | | | | | |
| 08:09A | BATONROUG,LA | 225-281-1657 | 2:48 | DD/D | 0.1400 |
| 09:48A | BATONROUG,LA | 225-281-1657 | 1:48 | DD/D | 0.0900 |
| Sep 28 | | | | | |
| 07:22A | BATONROUG,LA | 225-803-5030 | :24 | DD/N | 0.0200 |
| Oct 1 | | | | | |
| 08:53P | BATONROUG,LA | 225-336-5430 | 1:54 | DD/N | 0.0950 |
| 08:56P | BATONROUG,LA | 225-336-5430 | 7:00 | DD/N | 0.3500 |
| 09:31P | BATONROUG,LA | 225-336-5430 | :12 | DD/N | 0.0100 |
| Oct 2 | | | | | |
| 04:29P | BATONROUG,LA | 225-336-5430 | :18 | DD/D | 0.0150 |
| 04:30P | BATONROUG,LA | 225-336-5430 | 2:48 | DD/D | 0.1400 |
| 04:33P | BATONROUG,LA | 225-336-5430 | 11:12 | DD/D | 0.5600 |
| 07:59P | BATONROUG,LA | 225-336-5430 | 9:18 | DD/E | 0.4650 |
| 09:06P | BATONROUG,LA | 225-336-5430 | :06 | DD/E | 0.0050 |
| Total int | rastate Toll Free | | 45:42 | | \$2.29 |

Rate Codes

DD = Direct Dial

Time Codes

D = Day E = Evening N = Night/Weekend

NEWS FROM COX

Channel Change Notice: To provide you with the best TV viewing experience, on November 8, 2017, Cox will be making the following changes to our TV Lineup.

Newsy channel 153 and Newsy HD channel 1153 will be added to the Essential lineup. Fusion HD channel 1278 will be added to the Sports & Info Pak and El Mix lineup. FM HD channel 1238 will be added to the Variety Pak, Latino Pak and El Mix Pak. Discovery Familia channel HD 1281, EWTN en Español channel 1282 and History en Español HD channel 1298 will be added to the Latino Pak and El Mix lineup. Hola TV HD channel 1299 will be added to the Latino Pak lineup. GoITV HD channel 1288 will be added to the Latino Pak and El Mix lineup.

Channels will be available to customers who subscribe to the required TV lineup and receive their service with a compatible Cox digital receiver or CableCARD. For more information about these changes, please visit www.cox.com/channels.

CUSTOMER INFORMATION

Billing, Payment Policies and Fees:

Cox Business bills all customers in advance for monthly recurring charges and in arrears for non-recurring charges such as On

Demand/pay-per-view and long distance. Payment in full Is due to Cox by the "Due By" date indicated on your statement. If payment is not received by this date, your bill will become past due and may be subject to additional fees, such as late payment charges, electronic reactivation fees, or returned payment fees. Payment of your Cox bill confirms your subscription to services and the possession of Cox owned equipment listed on your bill.

When you provide a paper, electronic check or electronic fund transfer (EFT) as payment, you authorize Cox to process your payment as a

Customer Information cont.

traditional check transaction or to make a one-time EFT from your account. An EFT may debit your account as soon as the same day you make your payment. Payments returned unpaid for any reason will incur a returned payment fee of up to \$25.00, or the maximum allowed by state law. By using a credit card, debit card, paper check or an electronic check to make a payment, you agree that, if your payment is returned unpaid, you expressly authorize a one-time electronic fund transfer from your account for the amount of the payment plus any returned payment fees.

If payment is not received by the "Due By" date indicated on your statement, a late payment charge may be assessed on your account.

Closed Captioning: If you have questions or are experiencing problems with your Closed Caption service, please contact us at the phone number on the front of this bill. If we are unable to resolve your Closed Caption

concern you may contact: W.F. Hott, Closed Captioning, Cox Communications, 6205-B Peachtree Dunwoody Rd, Atlanta, GA 30328; Phone: 888-278-6660, Email: closedcaption@cox.com.

Basic Local Telephone Service: You must pay all regulated telephone charges to avoid disconnection of basic local telephone service. If you pay less than your full monthly bill and want the partial payment applied to telephone charges first, call Cox Customer Care; otherwise, your partial payment will first be applied to any past due balance, including non-regulated charges, putting you at risk of disconnection of telephone

911 Services: If your modem is disconnected or moved, or its battery is not charged or otherwise fails, phone service, including access to 911 services will not be available. Please review the following website for additional important information about Cox's 911 practices: https://www.cox.com/business/phone/e911-regulatory.html.

Louisiana Do Not Call List

To reduce unsolicited telemarketing calls, LA residential customers can now register, at no charge, for the LA "Do Not Call" program. To register, please contact the LPSC at 1-877-676-0773 or register online at http://www.lpsc.org. Business numbers may not be included on the list. To be included in the National "Do Not Call" registry, please contact the FTC at 1-888-382-1222 or visit www.donotcall.gov.

Businesses currently engaging or wishing to engage in telephonic solicitation of residential telephone customers in Louisiana must register annually with the Louisiana Public Service Commission (LPSC) to subscribe to the "Do Not Call" register. The register, updated quarterly, contains telephone numbers of residential customers who prefer not to be solicited. "Do Not Call" program rules and registration information may be found on the LPSC website: www.lpsc.org/donotcall, or by calling 1-877-676-0773 toll free. Fines and penalties may be imposed on telephonic solicitors who do not comply with these rules.

Billing Dispute and Resolution

If you have any questions regarding your bill or disagree with any portion of your bill, immediately contact Cox with your concerns. You must contact us no later than 60 days from the bill's due date via the contact information listed on the front of this bill so that Cox can review your account.

To dispute the outcome related to your cable service, you may file a complaint with your local franchising authority: CITY OF BATON ROUGE, PO BOX 1471, BATON ROUGE, LA 70821

Checking Your Battery is Good Business!

Cox wants you to be prepared and provides a battery inside each telephone modem (eMTA) associated with your Cox Business voice service providing 8 hours of service under normal use when the commercial power is interrupted.

Make sure you are prepared in the event of a power outage at your location:

- Remember to check the battery regularly and ensure it is charged
- If the battery needs replacing or you have any questions, please call the number on your Cox bill to schedule free installation
- If your service does not have a telephone modem (eMTA) similar to the one shown, you can ignore this message

To learn how, visit coxbusiness.com/batteries

Ensure your Business is Prepared by Acting Today







FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403

1568

10/23/2017

PAY TO THE COX Business

\$ **528.50

DOLLARS 🖸

Cox Business P.O.Box 919243 Dallas TX. 75391-9243

MEMO

1,5

TV, Internet, & Telephone Services

#001568# #065400153#

JPMORGANCHASE BK NA

CR TO NMD

103017

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RTS RSVD

37689507 00005784

0000000701331795

https://secure.whitneybank.com/Accounts/GetCheckImage.asp

11/1/2017

Dunting: Bookkeeping \$ 1304.86

Invoice

| Date | Invoice # |
|------------|-----------|
| 10/13/2017 | 31 |

Bill To

Louisiana Alliance For Life Family Values Resouce Institute, Inc 7515 Scenic Highway Baton Rouge, LA 70807

70816

1175 Lakemont Dr. Baton Rouge, LA

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1,304.86 +

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| | 2,609.726+ | |
|--|------------------|----------------------|
| Description | Amoui | nt |
| ookkeeping Services 10/1/17 - 10/13/17 | | 1,646.57 |
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ic Stability |
| | , and the second | C Stability |
| | | - |
| | | |
| | Total | \$1.646.57 |
| | | |
| | | |

Hancock Whitney Bank

ACCOUNTING: BOOKKEEDING \$130486

WHITNEY

Transactions Details

Posting Date

10/12/2017

Page 1 of 1

Transaction Date

10/12/2017

Description

PAYROLL PAYCHEX INC. 101217

Transaction Type

Debit

T/C

0036

Amount

\$1,646.57

Balance

Accounting: Bookkeeping \$1304.8 Invoice

Date Invoice # 10/30/2017 32

1175 Lakemont Dr. Baton Rouge, LA 70816

| Bill To | |
|---|--|
| Louisiana Alliance For Life
Family Values Resouce Institute, Inc
7515 Scenic Highway
Baton Rouge. LA 70807 | |

| Description | | Amount |
|---------------------------------------|-------|------------|
| kkeeping Services 10/16/17 - 10/30/17 | | 1,646.5 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | \$1,646.57 |
| | | |

Hancock Whitney Bank

Page 1 of 1

Hancock WHITNEY

Page 1 of 1

WHITNEY

Transactions Details

Posting Date

10/27/2017

Transaction Date

10/27/2017

Description

PAYROLL PAYCHEX INC. 102717

Transaction Type

Debit

T/C

0036

Amount

\$1,646.57

Balance

https://secure.hancockwhitney.com/dBanking/home.do

11/13/2017

Maintenance - Janitorial

Willing Mind Janitorial Service, LLC.

P. O. Box 1773 Prairieville, LA 70769 (225) 677-9839 wmjanitorial@yahoo.com



INVOICE

BILL TO

Family values Resource Institute, Inc. 7515 Scenic Highway Baton Rouge, La. 70807 INVOICE # 2494
DATE 11/02/2017
DUE DATE 11/17/2017
TERMS Net 15

ACTIVITY

Services
Janitorial Service - October

AMOUNT

757.00

BALANCE DUE

\$757.00

Transactions Details

Posting Date

11/09/2017

Transaction Date

11/09/2017

Description

DDA CHECK 0000001580

Transaction Type

Debit

T/C

0077

Amount

\$757.00

Balance

Front

Back

WHITHEY BAHK Member FDIC / whitelybank.com 1580

B4.15454

11/8/2017

PAY TO THE ORDER OF Willing Minds Janitorial Services, LLC

FAMILY VALUES RESOURCE INSTITUTE INC. DBA LOUISIANA ALLIANCE FOR LIFE PO BOX 74403 PH. 225-359-9001 BATON ROUGE, LA 70874-4403

\$ **757.00

DOLLARS (

Willing Minds Janitorial Services, LLC PO Box 1773 Prairieville, LA 70769

MEMO

#001580# #065400153#

Burker Jo Shonea

https://secure.hancockwhitney.com/dBanking/home.do

11/13/2017

🌃 Hancock 🗣 Whitney

Transactions Details

Posting Date 11/09/2017

Transaction Date 11/09/2017

Description DDA CHECK 0000001580

Transaction Type Debit

T/C 0077

Amount \$757.00

Balance

Front

Back

0

>021407912<
CAPITAL ONE, NA
0023865204 11082017
RICHMOND, VA 106 21
RDC Deposit 2081557678

Deposit my

NOTICE OF AUTOMATIC PAYMENT

PAYCHEX

Paychex of New York LLC 4324 South Sherwood Forest Blvd Suite 125 Baton Rouge LA 70816 Client # 0060 0060-T846 Invoice # 2017102600

AUTOMATIC PAYMENT \$248.78

This amount will be deducted from the following bank account at or after 12:01 A.M on 11/13/17.

XXXX0000

ADDRESS SERVICE REQUESTED

0060 0060-T846 Family Values Resource Institute Inc Institute Inc Po Box 74403 Baton Rouge, Louisiana 70874-4403

Electronic Payroll Transaction Fees
\$224.40
For questions regarding your account, please call (225) 291-7773

Page 1 of 1

| d'i ende | ACCOUNT SUMMARY | | | AMOUNT |
|------------|--|-----------------------------|--------------|---------------------------|
| | Previous Balance on Invoice#2017092800 Due 10/10/17 Payment Received - Thank You Balance Forward | | | 234.18
-234.18
0.00 |
| | Total New Charges | | | 248.78 |
| | Account Balance (Includes Balance Forward, New Charges, a | and Pending Automatic Pays | nents) | 248.78 |
| CHECK DATE | DESCRIPTION OF SERVICE | PROCESSING DATE | 13 T | AMOUNT |
| | NEW CHARGES | | | |
| 10/13/17 | Payroll/Taxpay® Direct Deposit | 10/11/17 | 14
8 | 130.32
20.60 |
| 10/30/17 | Payroll/Taxpay® Direct Deposit | 10/26/17 | 8 | 66.26
20.60 |
| | Quarter End/Year End Delivery & Handling Total New Charges | | | 11.00
248.78 |
| | Automatic Payment (Includes New Charges and applicable of | redits from Balance Forward | above) | 248.78 |
| | Payroll/Taxpay Includes: Payroll Processing, Extra Payroll Re | | 2 - 1 - 22 m | |

Thank you for choosing Paychex.

0060 0060-T846 Family Values Resource Institute Inc

Invoice Date: 10/26/17

Billing Period: 09/29/17 to 10/26/17

Invoice# 2017102600

ayrolis by Paychex, Inc. 40009 Hancock Whitney Bank

Electronic Muyoll Transaction Fees \$ 224.40

Thancock Whitney

WHITNEY

Transactions Details

Posting Date

11/13/2017

Transaction Date

11/13/2017

Description

INVOICE PAYCHEX EIB 111317

Transaction Type

Debit

T/C

0036

Amount

\$248,78

Balance

Subcontractor Payments **Hancock & WHITNEY

Transactions Details

Posting Date

11/14/2017

Transaction Date

11/14/2017

Description

PAYROLL PAYCHEXING. 111417

Transaction Type

Debît

T/C

0036

Amount

\$14,400,00

Balance

Budget "

PAYROLL JOURNAL Subcontractor Ayments

| CMPLOTEE NAME | HUUKS, EAK | IINGS, RE | hours, earnirgs, reimbursements & oth | HENIO & CINE | ER PAYMENTS | WITHHOLDINGS | DEDUCTIONS | NET PAY | <u> </u> |
|--|----------------------------------|------------|---------------------------------------|--------------|---------------------------|--------------|-------------|-----------------------------------|-------------------|
| 9 | DESCRIPTION | RATE | HOURS | EARNINGS | REIMB & OTHER
PAYMENTS | | | ALLOCATIONS | SNO |
| **** 300 1099
Crossroads Preg(IC) | 1099 Misc Comp | -mi be | | | 1,200,00 | | J•0 | Direct Deposit # 454 | 54 |
| 20 | | Ž. | Mildineseri | | - 3 | | J•0 | Check Amt
Chkg 1232 | 0.00 |
| Life Choices of(IC) | 1099 Misc Comp | | ,, | | 2,200:00 | | + 00.0000 | Direct Deposit # 455 Check Amt | 1,200,00 |
| | EMPLOYEE | TOTAL | | | 2.200.00 | | ,200.0 | Chkg 3581 | 2,200.00 |
| Pregnancy Probl(IC)
22 | 1099 Misc Comp | | | 1 | 2,200,00 | | 3,200.00 + | Direct Deposit # 456
Check Amt | 00.0 |
| | EMPLOYEE | TOTAL | ****494 EFL | | 2,200.00 | | · 400·0 | Chkg 2289
Net Pav | 2,200.00 |
| Womens Center o(IC) | 1099 Misc Comp | | | - 14-1 d s | 3,200:00 | 005 | | Direct Deposit # 457 | . |
| • | EMOLOVER | TOTAL | | | | | 13,200.006+ | Chkg 9749 | 3,200.00 |
| Womens Help Center (IC) | 1099 Misc | | | | 3,200,00 | | | Direct Deposit # 458 | Ñ. |
| • | | | | | | | | Check Amt
Chkg 8002 | 0.00
3,200.00 |
| | EMPLOYEE | TOTAL | tilenne. | | 3,200,00 | | | Net Pay | 3,200,00 |
| Womens New Life(IC)
24 | 1099 Misc Comp
1099 Misc Comp | ·········· | | | 1,200,00 | | | Direct Deposit # 459 Check Amt | 0.00 |
| > | EMPLOYEE TOTAL | TOTAL | | | 2,400,00 | | | Chkg 0051
Net Pav | 2,400.00 |
| 300 1099 TOTALS
6 Person(s)
6 Transaction(s) | 1099 Misc Comp | | | GRAARSTEEN | 14,400.00 | | | Check Amt | 0.00 |
| | 300 1099 TOTAL | TĀ. | | | 14,400,00 | | | Net Pay | 14,400.00 |
| COMPANY TOTALS 6 Person(s) 6 Transaction(s) | 1099 Misc Comp | | | | 14,400.00 | | | Check Amt
Dir Dep | 0,00
14,400.00 |
| | COMPANY TOTAL | TAL | | | 14,400,00 | | | Net Pay | 14,400.00 |
| (IC) = Independent Contractor | | | | | | | | | |

0060 0060-1646 Family Values Run Date 11/13/17 01:53 PM

Period Start - End Date 10/01/17 - 10/31/17 Check Date 11/15/17

Payroll Journal Page 1 of 1 PYRJRN

Louisiana Alliance for Life (7 Subcontractors)

(2) Parishes: Jefferson, Lafayette (4) Regions: 2, 4, 7, & 9

| Region
Number | | Parish | Subcontractor |
|------------------|---|-----------|--|
| | 0 | Jefferson | Women's New Life Center Metairie, Louisiana Allison Millet |
| 2 | | | 2. Women's New Life Center Baton Rouge, Louisiana Allison Millet |
| | | Lafayette | 3. Women's Center of Lafayette Lafayette, Louisiana Brenda DeSormeaux |
| 2 | | | 4. Women's Help Center Baton Rouge, Louisiana Barbara Thomas |
| 2 | | | 5. Pregnancy Problem Center Baton Rouge, Louisiana Frances Coleman |
| 4 | | | 6. Hope Restored for Life, Inc. Houma, Louisiana Peggy Fabre |
| 7 | | | Volunteers of America Pregnancy Program - Closed Opening in December: Cenla Pregnancy Center Alexandria, Louisiana Brian Gunter |
| 9 | | T | 7. Life Choices of North Central LA Ruston, Louisiana Kathleen Richard |

12

State of Louisiana Department of Children and Family Services Marketa Garner Walters, Secretary

Eric Horent, Undersecretary

Sammy Guillory, Deputy Assistant Secretary Division of Family Support

LOUISIANIA ALLIANCE FOR LITE Monthly Report Check List

| >>>OCTOBER 2017>>> FOTAL Dollar Amount >>>> \$1/4,400,00 | 7 326.5 | Women's Center of Lafayette Michela Camel 337-289-9366 (o) 10/31/17 502 \$3,200 | 504-301-7573 (c) 11/8/17 8 | Woman's New Life Center - Metairie | Allison Millet 225-218-4862 (o) 504-301-7573 (c) 11/3/17 4.5 \$1,200 | Frances Coleman 225-924-1400 (o) 10/31/17 180.5 \$2,200 | Kathleen Richard 318-255-7377 (o) 225-237-1760 (c) 11/2/17 245.5 \$2,200 | Michele Beary 985-446-5004 (o) 985-859-9907 (c) 11/8/17 35 \$1,200 | Reselved Sarvises |
|--|------------|---|----------------------------|------------------------------------|--|---|--|--|-------------------|
| 200,00 F/YIN | \$3,200.00 | \$3,200.00 | \$1,200.00 | | \$1,200.00 | \$2,200.00 | \$2,200.00 | \$1,200.00 | λιπισμπέ |

LOUISIANA Alliance for Life Monthly Report Approval

Month: OCTOBER 2017

| TOTAL Dollar Amount Paid >>>>> | Client Service Reports/documentation | Client Service Points / Amount | 2010 | Sitiosomiactor: © ossicoads Picagn |
|--------------------------------|--------------------------------------|--------------------------------|------------------|------------------------------------|
| >>>>> | YES | 35 | Points | aney Ras |
| \$1,200.00 | | \$1,200.00 | = Dollar Amount | ounce Center |

APPROVED BY:

Michael Ferris, Administrator

Barbara J. Thomas Director

Subcontractor Monthly Services Report

| | 1 |
|--|------|
| 大学中学学的是中华学生的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业,但是一个企业的企业的企业,但是一个企业的企业的企业,但是一个企业的企业的企业的企业。但是一个企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企业的企 | 37 6 |
| PROMENDMENT (SECONDARY SECONDARY SEC | |

Forms, and VAL Prematel/Parenting Education Attendance Forms for right bursement.

| ALIGIBLE SERVICES (3 point) | etajasie
Universia
Servicia |
|---|-----------------------------------|
| Pregnancy Testing | 5 |
| New clients who took a pregnancy test and commit to full-term pregnancy | 4 |
| Pregnancy Retest | 0 |
| Returning clients who retested and commit to full-term pregnancy | 0 |
| Adoption Education counseling or Informational sessions | 1 |
| Male-Adoption Education | 0 |
| Abortion Prevention Education counseling or informational sessions | 1 |
| Male-Abortion Prevention Edu. | 0 |
| Abstinence Education counseling or informational sessions | 4 |
| Male-Abstinence Education | 0 |
| Parenting Information counseling or informational sessions | 5 |
| Male-Parenting Information | 0 |

| Male-Parenting Information | U | | | |
|--|--|----------------------------|---|----|
| REFERRALS (3/2 Point) | Total CANG
English
Clients
Served | Referrel
Points | REFERENCE
FORCEMENT
(2-PC)(FCT)
TENTAL CLIENTS | |
| 1 Adoption Agency | 1 | 0.5 | | |
| 2 Adult Education/GED | 3 | 1.5 | 4 | |
| 3 Employment | 3 | 1.5 | | |
| 4 Food/Clothing | 3 | 1.5 | | |
| 5 Housing | 1 | 0.5 | | |
| 6 Medicaid (NOT certified app. centers) | 5 | 2.5 | | |
| 7 OB/GYN | 5 | 2.5 | | |
| 8 PreMarital/Marriage Counseling | 0 | 0 | | |
| 9 Professional Counseling | 2 | 1 | | |
| 10 Rape Crisis Center | 0 | 0 | | |
| 11 Rent/Utilities | 0 | 0 | | |
| 12 SNAP/FITAP | 2 | 1 | | |
| 13 STD/HIV Testing | 0 | 0 | | |
| 14 WIC | 4 | 2 | | |
| 15 Public Assistance | 1 | 0.5 | | |
| OTHER SERVICES
(2 points) | Toble VAND
Eligibie
Cleans
Stated | Other
Sevices
Points | | |
| Client Parenting/Prenatal Classes (#classes x total # participants) | 0 | 0 | | |
| Male Prenatal/Parenting Classes
(#closses x total # participants) | 0 | 0 | | |
| Follow Up - Pregnancy Decisions | 0 | 0 | | |
| Follow Up - Pregnancy Outcomes | 0 | 0 | | TC |
| TO MALENCES | 50 | 12(0) | 0 | |
| ENERGY OF THE | 20 | 15 | 0 | 3 |

| | ELS INVENTORY |
|---------------------|---------------|
| Date | 11/8/2017 |
| Beginning Inventory | 100 |
| # Clients Served | 2 |
| Amount Distributed | 4 |
| Amount Remaining | 96 |

Services
Reimbursement
Total Monthly Points
150 255 (\$2700)
300 1 52200

Monthly Report Approval

Ionth: OCTOBER 2017

| \$2,200.00 | >>>> | TOTAL Dollar Amount Paid >>>>> |
|---------------|--------|--------------------------------------|
| | YES | Client Service Reports/documentation |
| \$2,200.00 | 245.5 | Client Service Points / Amount |
| Dollar Amount | Points | |
| 3 | | Subcontractor: Life Chaines of N |

AFFROVED BY

Michael Ferris, Administrator

Barbara J. Thomas, Directo

Subcontractor Monthly Services Report

| STOCKED FOR STANDARD AND STOCKED AND STOCK |
|--|
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| CONTROL OF THE PROPERTY OF THE |
| |
| PROPERTY SERVICES AND ASSESSMENT OF THE PROPERTY ASSESSMEN |
| Name and the state of the state |
| 在全元的世界的时期的自己的时期,可以从内部的时间,但是这种时间,他们的时间的一个时间的一个时间,在这一个时间的一个时间的一个时间的一个一个一个一个一个一个一个一 |
| |
| Property and the control of the cont |
| Plates submit supporting claim to note speciments and Which includes the value of the Common |

| ELIGIBLE SERVICES (1 point) | Served
Served |
|---|------------------|
| Pregnancy Testing | 15 |
| New clients who took a pregnancy test and commit to full-term pregnancy | 12 |
| Pregnancy Retest | 0 |
| Returning clients who retested and commit to full-term pregnancy | o |
| Adoption Education counseling or informational sessions | 13 |
| Male-Adoption Education | 1 |
| Abortion Prevention Education counseling or informational sessions | 13 |
| Male Abortion Prevention Edu. | 1 |
| Abstinence Education counseling or informational sessions | 11 |
| Male-Abstinence Education | 1 |
| Parenting Information counseling or informational sessions | 36 |
| Male-Parenting Information | 5 |

| Male-Parenting unformation | 3 | | | |
|--|---|--------------------|--|-------|
| REPERRALS (1/2 Point) | Eligible
Chereta
Chereta
Secreta | Referral
Points | MERCHAN FORDOW
UP (E-MODET)
TOTAL GRENTS | |
| 1 Adoption Agency | | 0 | | |
| 2 Adult Education/GED | | 0 | | |
| 3 Employment | | 0 | | |
| 4 Food/Clothing | | 0 | | |
| 5 Housing | | 0 | | |
| 6 Medicaid (NOT certified app. centers) | 13 | 6.5 | 2 | |
| 7 OB/GYN | 15 | 7.5 | 4 | |
| 8 PreMarital/Marriage Counseling | | 0 | | |
| 9 Professional Counseling | | 0 | | |
| 10 Rape Crisis Center | | Ó | | |
| 11 Rent/Utilities | | 0 | | |
| 12 SNAP/FITAP | | 0 | | |
| 13 STD/HIV Testing | 12 | 6 | 2 | |
| 14 WIC | 13 | 6.5 | 3 | |
| 15 Public Assistance | | 0 | | |
| OTHER SERVICES
(2 points) | では
では
では
では
では
では
では
では
では
では
では
では
では
で | Serious
Foints | | |
| Client Parenting/Prenatal Classes (#classes x total # participants) | 21 | 42 | | |
| Male Prenatal/Parenting Classes
(#classes x total # participants) | 11 | 22 | | |
| Follow Up - Pregnancy Decisions | 13 | 26 | | |
| Follow Up - Pregnancy Outcomes | 5 | 10 | A CHARLES | TOTAL |
| 建筑的大学工作。这些主题是主义和对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对对 | 211 | | | 722 |
| CARSILOUS PARTIES AND | 108 | 126.5 | 11 | 245.5 |

| VITAMIN ANGELS MUST BE COMPLE | |
|-------------------------------|-----|
| Date | n/a |
| Beginning Inventory | |
| # Clients Served | |
| Amount Distributed | |
| Amount Remaining | |

Services
Reimbursement
Total Monthly Points

[150] F. [5] [5] [6]

[150] F. [5] [5] [6]

[150] F. [5] [6]

| Subcontrac Life Choices of North C Services Month: | October 2017 | Date: | 10/31/2017 | |
|--|--------------|-------|------------|--|

| Date | idual sessions , use the last column to indicate the chart i
Topic | Chart & or Total Sol | Total (Male |
|-----------------------|---|----------------------|-------------|
| 10/3/2017
@ 3:30 | Understanding Birth by Beth Foster | 2 | 1 |
| 10/10/201
7 @ 3:30 | Understanding Birth by Beth Foster | 3 | 1 |
| 10/17/201
7 @ 3:30 | Understanding Birth by Beth Foster | 1 | 0 |
| 10/24/17
@ 3:30 | Newborn Care by Beth Foster | 1 | 0 |
| 10/31/17
@3:30 | Breastfeeding by Beth Foster | 1 | 0 |
| 10/3/201
7 @ 6:00 | Phone and Internet Safety by Clint Williams | 2 | 2 |
| 10/10/201
7 @ 6:00 | Financial Health by Dr. George | 4 | 1 |
| 10/17/17
@ 6:00 | Car Seat Safety by Louisiana Tech Nursing Students | 4 | 1 |
| 10/24/17
@ 6:00 | Safe Sleep/Swaddling by Louisiana Nursing Students | 3 | 3 |
| 10/31/17
@6:00 | Shaken Baby by Louisiana Tech Nursing Students | 0 | 2 |
| | | | |
| | TOTALS | 21 | 11 |

Subcontractor: Life Choices of North Central La Services Month: Oct-17 Date: 11/2/2017

| | GOMMUNITY OUTREACH ACTIVITIES Le. health fairs, speaking engagements, walks for life, etc. |
|---------------------------------------|---|
| Date | Description |
| 10/2/2017 | Temple BC - Hall/McConathy SS Class Tour. Approx 20 in attendance. |
| 10/12/2017 | Lincoln Parish Chamber Leadership Lincoln Tour. Approx 25 in attendance. |
| 10/12/2017 | Delta Kappa Gamma Tour. Approx 20 in attendance. |
| | |
| · · · · · · · · · · · · · · · · · · · | |
| | M. W. |
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CNT 6/1/15

LOUISIANA Alliance for Life Monthly Report Approval

lonth: OCTOBER 2017

| \$2,200.00 | >>>>> | TOTAL Dollar Amount Paid >>>>> |
|---------------|---------|--------------------------------------|
| | | |
| | YES | Client Service Reports/documentation |
| \$2,200.00 | 180.5 | Client Service Points / Amount |
| Dollar Amount | Points | |
| | meanter | Subsontractor: Pregnancy Proble |

APPROVED BY:

Michael Ferris, Administrator

Barbara J. Thomas, Divector

Subcontractor Monthly Services Report

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| 大学大大学大学工作的,1984年1986年1986年1986年1986年1986年1986年1986年1986 |
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| COURSE OF MARKET PROBLEMS AND ADDRESS OF THE PROBLEMS AND |
| [[6]] [[4] [[4] [[4] [[4] [[4] [[4] [[4] |
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| PARTY 中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央 |
| THE REPORT SHOULD SEE THE PROPERTY OF THE PROP |
| |

Please submit supporting client services documentation which includes relevant LAL Client services Resords, Case Information Records, and LAL Preparal/Patanting Education Attendance Forms for reliablisements

| ELIGRALE SERVICES (1 politi) | Strain GARAP
Strainly
Clients
Onervide |
|--|---|
| Pregnancy Testing | 11 |
| New clients who took a pregnancy test
and commit to full-term pregnancy | 8 |
| Pregnancy Retest | |
| Returning clients who retested and commit to full-term pregnancy | |
| Adoption Education counseling or informational sessions | 11 |
| Male-Adoption Education | 3 |
| Abortion Prevention Education counseling or informational sessions | 11 |
| Male-Abortion Prevention Edu. | 3 |
| Abstinence Education counseling or informational sessions | 11 |
| Male-Abstinence Education | 3 |
| Parenting information . counseling or informational sessions | 10 |
| Male-Parenting Information | 3 |

| Maic. Latering amountains | | | | |
|--|---|----------------------------|---|-------|
| REFERRALS (1/2 Point) | Total PANE
Elektiv
Cherts
Served | Referrel
Points | REFERENCE
FOR OWNERS
(E) FOR CONTROLS | |
| 1 Adoption Agency | | 0 | | |
| 2 Adult Education/GED | 3 | 1.5 | 1 | |
| 3 Employment | | 0 | | |
| 4 Food/Clothing | | 0 | | |
| 5 Housing | | 0 | | |
| 6 Medicald (NOT certified app. centers) | 9 | 4.5 | 6 | |
| 7 OB/GYN | 9 | 4.5 | 7 | |
| 8 PreMarital/Marriage Counseling | | 0 | | |
| 9 Professional Counseling | | 0 | | |
| 10 Rape Crisis Center | | 0 | | |
| 11 Rent/Utilitles | | 0 | | |
| 12 SNAP/FITAP | | 0 | | |
| 13 STD/HIV Testing | 11 | 5.5 | | |
| 14 WIC | 9 | 4.5 | 8 | |
| 15 Public Assistance | | 0 | | |
| OTHER SERVICES
(2 points); | Clieds
Shelshe
Clieds
Served | Other
Sevices
Points | | |
| Client Parenting/Prenatal Classes
(#classes x total # participants) | 15 | 30 | | |
| Male Prenatal/Parenting Classes (Mclasses x total # participants) | 4 | 8 | | |
| Follow Up - Pregnancy Decisions | 8 | 16 | (A.1) | |
| Follow Up - Pregnancy Outcomes | 5 | 10 | | TOTAL |
| TOTAL SERVICES | | | | 0 |
| TOTAL POINTS | 74 | 84.5 | 22 | 180.5 |

| | LS INVENTORY |
|---------------------|--------------|
| Date | 10/31/2017 |
| Beginning Inventory | 96 |
| # Clients Served | 10 |
| Amount Distributed | 20 |
| Amount Remaining | 76 |

Subcontractor: Pregnancy Problem Center Services Month: Oct.2017 Date: 10/31/2017

| The state of the s | e the last column to enter the total number of Individuals | Control of the second second second | |
|--|--|---|---|
| Date | Fople | Chart to Fotal
mot traver singible
Participants | |
| 10/15/2017 | The First Years Last Forever 9 (451) | 1 | |
| 10/3/2017 | The First Years Last Forever (990) | 1 | |
| 10/4/2017 | The First Years Last Forever (991) | 1 | |
| 10/9/2017 | Nutrition 1.3 (991) | 1 | |
| 10/15/2017 | The First Years Last Forever (992) | 1 | |
| 10/9/2017 | The First Trimester 1.1 (149) | 1 | |
| 10/18/2017 | Windows to the Womb 2.1 (149) | 1 | |
| 10/10/2017 | The First Years Last Forever (993) | 1 | |
| 10/16/2017 | Nutrition 1.3 (993) | 1 | |
| 10/23/2017 | The First Years Last Forever (994) | 1 | |
| 1/24/2017 | The First Years Last Forever (997) | 1 | - |
| 10/17/2017 | The First Years Last Forever (962) | 1 | 0 |
| 10/4/2017 | Your Changing Body 2.5 (976) | 1 | |
| 10/3/2017 | Your Developing Baby 1.5(985) | 1 | |
| 10/16/2017 | Hazords 2.3 (985) | 1 | |

Totals

14

Monthly Report Approval

Month: OCTOBER 2017

| \$1,200.00 | >>>> | TOTAL Dollar Amount Paid >>>>> |
|---------------|---------|--------------------------------------|
| | YES | Client Service Reports/documentation |
| \$1,200.00 | 4.5 | Client Service Points / Amount |
| Dollar Amount | Points | |
| Elonica E | - Batom | Sith were sometion. Rependitionally |

APPROVED, BY:

Michael Ferris, Administrator

Barbara J. Thomas, Director

Subcontractor Monthly Services Report

| REPORT A PROPERTY OF THE PROPE |
|--|
| CONTROL CARE CONTROL DESCRIPTION OF THE PROPERTY OF THE PROPER |
| |
| BACKER 1860年 1965年 1 |

Please submit supporting client services documentation which includes adiaband than the CheroServices Records, sase information France and Col. Premetol/Perendent Education Attention Attention as for regions served.

| EUGRAF SERVICES (2 point) | Ethilise
Chapit
Sector |
|--|---|
| Pregnancy Testing | 2 |
| New clients who took a pregnancy test
and commit to full-term pregnancy
Pregnancy Retest | |
| Returning clients who retested
and commit to full-term pregnancy
Adoption Education | |
| counseling or informational sessions Male-Adoption Education | |
| Abortion Prevention Education counseling or informational sessions | |
| Male-Abortion Prevention Edu. | |
| Abstinence Education counseling or informational sessions | 2 |
| Male-Abstinence Education | |
| Parenting Information counseling or informational sessions | |
| Male-Parenting Information | |
| | THE RESERVE AND ADDRESS OF THE PARTY OF THE |

| REFERRALS (L/2 Point) | TealTable
Election
Clocks
Sensed | Referral
Points | NUMBEROWAY
BOSLOWAY
GLADINGS
TOTAL CHANGE | |
|--|---|-------------------------------|--|-------|
| 1 Adoption Agency | | 0 | | |
| 2 Adult Education/GED | | 0 | | |
| 3 Employment | | 0 | | |
| 4 Food/Clothing | | 0 | | |
| 5 Housing | | 0 | | |
| 6 Medicaid (NOT certified app. centers) | | 0 | | |
| 7 OB/GYN | 1 | 0.5 | | |
| 8 PreMarital/Marriage Counseling | | 0 | | |
| 9 Professional Counseling | | 0 | | |
| 10 Rape Crisis Center | | 0 | | |
| 11 Rent/Utilities | | 0 | | |
| 12 SNAP/FITAP | | 0 | | |
| 13 STD/HIV Testing | | 0 | | |
| 14 WIC | | 0 | | |
| 15 Public Assistance | | 0 | | |
| OTHER SERVICES
(2 points) | Figure 114
Clouds
Salvant | Other
Sections
Politics | | |
| Client Parenting/Prenatal Classes
(#classes x total # participants) | | 0 | | |
| Male Prenatal/Parenting Classes
(#classes x total # participants) | | 0 | | |
| Follow Up - Pregnancy Decisions | | 0 | | |
| Follow Up - Pregnancy Outcomes | | 0 | | TOTAL |
| and the contraction of the contr | 5 | | 0 | 5 |
| POTAL COUNTS | 4 | 0.5 | 0 | 4.5 |

| VITAMIN ANG | ELS INVENTORY |
|---------------------|----------------|
| MUST BE COM | PLETED MONTHLY |
| Date | |
| Beginning Inventory | |
| # Clients Served | |
| Amount Distributed | |
| Amount Remaining | |

Services
Reimbursement
Total Monthly Points

FS (S) FS (S)

Monthly Report Approval

Month: OCTOBER 2017

| TOTAL Dollar Amount Paid | Client Service Reports/documentation | Client Service Points / Amount | Monan's New Life |
|--------------------------|--------------------------------------|--------------------------------|------------------------|
| >>>> | YES | 00 | - Mafalif
Politis |
| \$1,200.00 | | \$1,200.00 | e
Bollais Amount St |

APPROVED BY:

Michael Ferris, Administrator

Barbara J. Thomas, Director

Subcontractor Monthly Services Report

| | control (married comment |
|--|--|
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| CULTURE CONTROL OF THE CONTROL OF TH | in the second se |
| ドプライン アプラス (Annual State of the Control of the Co | |
| CHESCHARLE PRESIDENT PROPERTY SECTIONS | |
| 产************************************ | CHARLES TO A CONTROL OF THE |
| [76] [10] [10] [10] [10] [10] [10] [10] [10 | 经发现 在1000 |

Please submitteupporting dient servises detaine dation which incipales relevant. Lab then the rice teached, base tenormalism.

Reims, and LAL Prenetal/Perenting Substitut Attendancy Founs for selecting season.

| ELIGHELISENVICES (1 point) | Charles EATHS
Charles
Charles
Saland |
|---|---|
| Pregnancy Testing | 1 |
| New clients who took a pregnancy test
and commit to full-term pregnancy
Pregnancy Retest | 1 |
| Returning clients who retested
and commit to full-term pregnancy
Adoption Education
courseling or informational sessions | |
| Male-Adoption Education Abortion Prevention Education courseling or Informational sessions | |
| Male-Abortion Prevention Edu. | |
| Abstinence Education counseling or informational sessions | |
| Male-Abstinence Education | |
| Parenting Information counseling or informational sessions | 1 |
| Male-Parenting Information | |

| Male-Parenting Information | | | | |
|--|--|----------------------------|---|-------|
| REFERRALS (1/2 Point) | Poret FANS
Eligible
Glapes
Served | Referral
Politic | PREFERENCE
EGLECONIUM
(E.POHETH
TOTAL CURNIS | |
| 1 Adoption Agency | | 0 | | |
| 2 Adult Education/GED | | 0 | | |
| 3 Employment | | 0 | | |
| 4 Food/Clothing | | 0 | | |
| 5 Housing | | 0 | | |
| 6 Medicaid (NOT certified app. centers) | 1 | 0.5 | 1 | |
| 7 OB/GYN | | 0 | | |
| 8 PreMarital/Marriage Counseling | | 0 | | |
| 9 Professional Counseling | | 0 | | |
| 10 Rape Crisis Center | | 0 | | |
| 11 Rent/Utilities | | 0 | | |
| 12 SNAP/FITAP | | 0 | | |
| 13 STD/HIV Testing | | 0 | | |
| 14 WIC | 1 | 0.5 | 1 | |
| 15 Public Assistance | | 0 | | |
| other shevices
(2 points) | Eligible
Eligible
Silence
Served | Ether
Sevices
Points | | |
| Client Parenting/Prenatal Classes
(Aclasses x total # participants) | | 0 | | |
| Male Prenatal/Parenting Classes (#classes x total # participants) | | 0 | | |
| Follow Up - Pregnancy Decisions | 1 | 2 | | |
| Follow Up - Pregnancy Outcomes | | 0 | Medicarbive (1) | TOTAL |
| TOTAL STRVICES | 6 | | 2 | 8 |
| TOTAL REPAIRS | 3 | 3 | 2 | 8 |

| VITAMIN ANG | ELS INVENTORY |
|---------------------|----------------|
| MUST BE COM | PLETED MONTHLY |
| Date | |
| Beginning Inventory | |
| # Clients Served | |
| Amount Distributed | |
| Amount Remaining | |

Services
Reimbursement
Total Monthly Points
150 245 2700
300 25 250

Monthly Report Approval

Month: OCTOBER 2017

| TOTAL Dollar Amount Paid >>>>> | Client Service Reports/documentation | Client Service Points / Amount | | KAULED INTERIOR OF THE WAY OF THE PARTY OF T |
|--------------------------------|--------------------------------------|--------------------------------|---------------|--|
| >>>>> | YES | 502 | Points | |
| \$3,200.00 | - | \$3,200.00 | Deller Ameunt | |

APPROVED BY:

Michael Ferris, Administrator

Freez H

Barbara J. Thomas, Director

Subcontractor Monthly Services Report

| | The state of the s | |
|---|--|----------------|
| SHEROW HAVE WHITE WORKER SEALER OF Latered to | PROGRAM NAME CASSING ASSINGS for Use | |
| Parient Walks Lecreto Soun | PROGRAM LOCATION: 1351 1200-1201 | this may the 1 |
| 682 nor 10 manufa (20.7 3.60 636) | SERVICES MONTH DEIGHA ZULZ DATE | 10/3 47017 |

Filesse submit-supporting effent services documentation which includes relevant LAL Clima Services Records, Cale Information
Forms, and LAL Preparal Paragring Education Attendance Forms for reimburgement.

| ENGIBLE SERVICES (1 point) | rohu (AAR-
E) o'ale
Clienta
Săsvoj |
|---|---|
| Pregnancy Testing | 50 |
| New clients who took a pregnancy test and commit to full-term pregnancy | 40 |
| Pregnancy Retest | 1 |
| Returning clients who retested and commit to full-term pregnancy | 0 |
| Adaption Education counseling or informational sessions | 39 |
| Male-Adoption Education | 8 |
| Abortion Prevention Education counseling or informational sessions | 6 |
| Male-Abortion Prevention Edu. | 2 |
| Abstinence Education counseling or informational sessions | 43 |
| Male-Abstinence Education | 8 |
| Parenting Information counseling or Informational sessions | 42 |
| Male-Parenting Information | 10 |

| Male-Parenting unionination | 10 | 10 | | | |
|--|---|----------------------------|---|--|--|
| RETERRALE (1/2 Point) | Josef TANF
Bigible
Glents
Showed | Referral
Points | REPERFAL
FOLLOW UP
(1 POINT)
TOTAL GLIENTS | | |
| 1 Adoption Agency | 0 | 0 | | | |
| 2 Adult Education/GED | 0 | 0 | | | |
| 3 Employment | 0 | 0 | | | |
| 4 Food/Clothing | 20 | 10 | 20 | | |
| 5 Housing | 5 | 2.5 | 2 | | |
| 6 Medicaid (NOT certified app. centers) | 24 | 12 | 1 | | |
| 7 OB/GYN | 19 | 9.5 | 6 | | |
| 8 PreMarital/Marriage Counseling | 9 | 4.5 | | | |
| 9 Professional Counseling | 5 | 2.5 | | | |
| 10 Rape Crisis Center | 0 | 0 | | | |
| 11 Rent/Utilities | 0 | 0 | | | |
| 12 SNAP/FITAP | 15 | 7.5 | 1 | | |
| 13 STD/HIV Testing | 44 | 22 | | | |
| 14 WIC | 34 | 17 | 4 | | |
| 15 Public Assistance | 1 | 0.5 | 1 | | |
| OZMER SERVICES
(2 points) | Eligible
Clients
Surved | Other
Sevices
Points | | | |
| Client Parenting/Prenatal Classes
(#classes x total # participants) | 6 | 12 | | | |
| Male Prenatal/Parenting Classes (Miclosses x total III participants) | 1 | 2 | | | |
| Follow Up - Pregnancy Decisions | 43 | 86 | | | |
| Follow Up - Pregnancy Outcomes | 15 | 30 | | | |
| १० एवा अनुसार्वा | 490 | | 35 | | |
| Terret Palifes | 249 | 218 | 35 | | |

| VITAMIN ANGELS INVENTORY | | | |
|--------------------------|----------------|--|--|
| MUST BE COM | PLETED MONTHLY | | |
| Date | | | |
| Beginning Inventory | | | |
| # Clients Served | | | |
| Amount Distributed | | | |
| Amount Remaining | | | |

Services
Reimbursement
Total Monthly Points

55765 | 153745

525 502

Date: 31-Oct-17 Subcontractor: The Womens Center of Lafayette Services Month: 1-Oct PARENTING/PRENATAL CLASSES Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & individual) For Individual sessions, use the last column to indicate the chart # of the YAMF eligible client's participation. For allows sessions, use the last column to enter the total number of multiduals who pasticipated in the class. Charb# or Total Total Myale POTTANT Eligible Ractner/Spouse Topic Date Participants Participants **Natural Family Planning** 6 10/17/2017 **TOTALS**

LOSUISIAN! Monthly Report Approval

OCTOBER 2017

| TOTAL Dollar Amount Paid >>>>> | Client Service Reports/documentation | Client Service Points / Amount | | Supering Women's Help Co |
|--------------------------------|--------------------------------------|--------------------------------|----------------|--------------------------|
| >>>>> | YES | 326.5 | Points | ita: |
| \$3,200.00 | | \$3,200.00 | © Bolla⊪Amount | |

Michael Ferris, Administrator

APPROVED BY:

Barbara J. Thomas, Director

Subcontractor Monthly Services Report

| ,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人 |
|--|
| ENDERHALD RIVANE WEIGHT DUE DE LE COMPANIE DE LE CO |
| |
| Pic Grant Edition Benefit L |
| CONTACT DAVIES PRODUCTION |
| PROPERTY PRO |
| March March 1997 1997 1997 1997 1997 1997 1997 199 |

Please submit supporting client services documentation which includes relevant LAL Client Services Records, Case Information Forms; and CAL Prenatal/Parenting Education Attendance Forms for reiniturement.

| ELIGIBLE SERVICES (1 point) | Charles
Charts
Servet |
|---|-----------------------------|
| Pregnancy Testing | 28 |
| New clients who took a pregnancy test and commit to full-term pregnancy | 27 |
| Pregnancy Retest | |
| Returning clients who retested and commit to full-term pregnancy | |
| Adaption Education counseling or informational sessions | 28 |
| Male-Adoption Education | 3 |
| Abortion Prevention Education counseling or informational sessions | 25 |
| Male-Abortion Prevention Edu. | 3 |
| Abstinence Education counseling or informational sessions | 22 |
| Male-Abstinence Education | 3 |
| Parenting information counseling or informational sessions | 22 |
| Male-Parenting Information | 3 |

| MUST BE COM | PLETED MONTH |
|---------------------|--------------|
| Date | |
| Beginning Inventory | |
| # Clients Served | |
| Amount Distributed | |
| Amount Remaining | |

| Male-Parenting Information | 3 | | | |
|--|---|----------------------------|---|-------|
| REFEREALS (1/2 Point) | Total TAME
Eligible
Clents
Served | Referal
Points | ESTERON
(1 POINT)
TOTAL CLIENTS | |
| 1 Adoption Agency | | 0 | 1 | |
| 2 Adult Education/GED | 3 | 1.5 | 2 | |
| 3 Employment | | 0 | | |
| 4 Food/Clothing | 1 | 0.5 | | |
| 5 Housing | | 0 | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| 6 Medicald (NOT certified app. centers) | | 0 | | |
| 7 OB/GYN | 22 | 11 | 14 | |
| 8 PreMarital/Marriage Counseling | | 0 | 2 | |
| 9 Professional Counseling | | 0 | | |
| 10 Rape Crisis Center | | 0 | | |
| 11 Rent/Utilities | 1 | 0.5 | | |
| 12 SNAP/FITAP | | 0 | | |
| 13 STD/HIV Testing | 19 | 9.5 | 15 | |
| 14 WIC | 17 | 8.5 | 15 | |
| 15 Public Assistance | | 0 | The second second second | |
| OTHER SERVICES.
(2 points) | OKAL (ANI)
Eligible
Clients
Served | Other
Sevices
Points | | |
| Client Parenting/Prenatal Classes
(#classes x total # participants) | 25 | 50 | | |
| Male Prenatal/Parenting Classes
(Mclasses x total # participants) | | 0 | | |
| Follow Up - Pregnancy Decisions | 11 | 22 | Page 1 | TOTAL |
| Follow Up - Pregnancy Outcomes | 5 | 10 | | TOTAL |
| TOTAL SERVICES | 268 | | 49 | 317 |
| TOTAL POINTS | 164 | 113.5 | 49 | 326.5 |

| 1 | Commisses |
|---|----------------------|
| | Services |
| ١ | Reimbursement |
| | Total Monthly Points |
| | 1519 151200 |
| 1 | 150 - 299 \$2,200 |
| | 300 + \$3,200 |

ed by MAF 4/12/17

Subcontractor: Women's Help Center Services Month: 1-Oct Date: 11/7/2017

| IPARENTING/PRENATAL CLASSES Please attach all corresponding LAL Prenatal/Parenting Education Attendance forms (group & (ndividual) or individual sessions, use the last column to indicate the chart it of the TANP eligible dient's participation. For area sessions, use the last column to enter the total number of individuals who participated in the class. | | | |
|---|---------------------------------------|---|-------------|
| Date | Topic | Chart foor Total
Wortenis Eligible
Participants | Total #Male |
| 10/10/2017 | The First Trimester | 17-12547 | |
| 10/17/2017 | Prenatal Care 1.2 | 17-12547 | |
| 10/17/2017 | Eating for Two 1.3 | 17-12547 | |
| 10/25/2017 | Second Trimester | 17-12556 | |
| 10/25/2017 | Second Trimester | 17-12557 | |
| 10/24/2017 | The First Trimester | 17-12553 | |
| 10/2/2017 | Labor 11.1 | 17-11242 | |
| 10/2/2017 | Labor 11.2 | 17-11242 | |
| 10/2/2017 | Labor 11.3 | 17-11242 | |
| 10/9/2017 | Labor 11.3 | 17-11242 | |
| 10/9/2017 | Your Healthy Baby 9.2 | 17-11242 | |
| 10/9/2017 | Breast Feeding 10.1 | 17-11242 | |
| 10/9/2017 | Post Partum: From Pregnancy to Parent | 17-11242 | |
| 10/10/2017 | Labor 11.1 | 17-12483 | |
| 10/10/2017 | Labor 11.2 | 17-12483 | |
| 10/10/2017 | Labor 11.3 | 17-12483 | t . |
| | тот | ALS | |

Subcontractor: Women's Help Center Services Month: 1-Oct Date: 11/7/2017

| مراحل محسور المرارضين والرساق الرساق | PARENTING/PRENATAL CLASSES all corresponding LAL Prenatal/Parenting Education Attendents; use the last column to indicate the chart # of the TANF eligible the last column to enter the total number of individuals wh | 的是可能使多色化的 | MULTINEST REAL |
|--------------------------------------|--|--|----------------|
| Date | Topic | Chart it on Total
por TANT Eligible
Participants | Total Whale |
| 10/11/2017 | Your Healthy Baby 9.2 | 17-12483 | |
| 10/11/2017 | Breast Feeding 10.1 | 17-12483 | |
| 10/18/2017 | Post Partum: From Pregnancy to Parent 9.1 | 17-124583 | |
| 10/11/2017 | Third Trimester 4.1 | 17-12460 | |
| 10/18/2017 | Labor 11.1 | 17-12460 | |
| 10/18/2017 | Labor 11.2 | 17-12460 | |
| 10/18/2017 | Labor 11.3 | 17-12460 | |
| 10/25/2017 | Your Healthy Baby 9.2 | 17-12460 | |
| 10/25/2017 | Breast Feeding Your Baby 10.1 | 17-12460 | |
| | | | |
| | | | |
| | TOTAL | 3 | |